



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Inspection Department
 Building Official, Jim Tiegs
Phone: 952-873-5655
Schedule Inspections: 952-873-5553
Fax: 952-873-5509

MECHANICAL PERMIT APPLICATION

Mechanical Permit:
 Building Permit:

SITE: Address: _____ Belle Plaine, MN

PID: _____ Lot Number: _____ Block Number: _____ Subdivision: _____

OWNER Name: _____ Phone: _____

Address: _____ E-Mail: _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine Building Official or designee to enter upon the property to perform needed inspections. If entry is refused, the Building Official shall have recourse to the remedies by law to secure entry. Permit may be suspended or expired when building and work is not commenced within **180 days** from the date of Permit issued, or if building and work suspended, abandoned or not inspected for **180 days**. I agree to pay all plan review fees, even if I choose not to proceed with the work. Refunds shall be per the City of Belle Plaine Fee Schedule. A request in writing shall be submitted within 180 days of fee payment by the original applicant. **I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit.**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

STRUCTURE USE: Residential Commercial | **WORK CLASS:** New Addition Remodel Replacement

CONTRACTOR Homeowner Contractor / Company:

Phone: _____ Mechanical Bond: _____

Address: _____ E-Mail: _____
 City, State, Zip Code: _____

WORK DESCRIPTION: _____ **VALUATION: \$**
(Labor & Materials)

EQUIPMENT PROPOSED

Furnace: BTU Rating _____ **A/C:** Seer _____ **Boiler:** BTU Rating _____
 Fireplace: BTU Rating _____ **Air Exchange:** CFM _____ **Exhausting Device:** CFM _____

OFFICE USE ONLY MECHANICAL FEES

Mechanical Permit Fees (Residential Min. \$50.00 / Commercial Min. \$75.00)

Number of Fixtures:	Date Received:
Permit Fee: \$	Form of Payment:
State Surcharge: \$	Issue Date:
Other: \$	Transaction Number:
Total: \$	Issued By:

Building Official or Designee: _____ **Date:** _____
 Zoning Administrator or Designee: _____ **Date:** _____