



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

Email permits to: [permitting@ci.belleplaine.mn.us](mailto:permitting@ci.belleplaine.mn.us)

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)

*Electrical permits are needed for installation or change-out of any hardwired item and upon installation/change-out of furnace, AC, fireplace, electric water heaters, etc. Electrical permits are required under Mn. Stat. 326B.36 – Construction Codes, Licensing (Electrical).*

## EQUIPMENT PROPOSED

- Furnace:** BTU Rating \_\_\_\_\_
- A/C:** Seer \_\_\_\_\_
- Boiler:** BTU Rating \_\_\_\_\_
- Fireplace:** BTU Rating \_\_\_\_\_
- Air Exchange:** CFM \_\_\_\_\_
- Exhausting Device:** CFM \_\_\_\_\_
- New Outlet:** \_\_\_\_\_
- Hardwired:** \_\_\_\_\_

## 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: |
| <b>Total: \$</b>    | Issued By:          |

Building Official or Designee: \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Zoning Administrator or Designee: \_\_\_\_\_ **Date:** \_\_\_\_\_