



Mechanical Permit Application

Office Use Only

Permit # _____

Site Address _____

Applicant Contractor Owner

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ License # _____

E-Mail Address _____

Type of Property

Residential 1 & 2 Family	Residential Multi-Family	Commercial
Industrial	Public	

Work Description

Mechanical Items

A/C _____ Tons	Water Heater _____ (#Units)
RTU _____ Tons _____ (#Units)	Air Handler/Exchanger _____ (#Units)
Furnace _____ BTU	Hoods (Exhaust/Range) _____ (#Units)
Boiler _____ BTU	Gas Fireplace/Wood Stove _____ (#Units)
Gas Line/Piping	Floor/Wall Heaters _____ (#Units)

Please read and sign

I hereby apply for a mechanical permit and I acknowledge that the information provided is complete and accurate; that the work will be done in accordance with the ordinances and codes of the City of Albert Lea and the State of Minnesota; that I understand this is not a permit but only an application for a permit and work is not to start without a permit.

_____ Applicant Printed Name _____ Applicant Signature _____ Date Signed

All permit applications may be mailed to:

City of Albert Lea
Attn: Inspection Dept
221 E Clark St
Albert Lea, MN 56007

Or emailed to one of the following:

cmaras@ci.albertlea.mn.us
rrice@ci.albertlea.mn.us
bskogheim@ci.albertlea.mn.us
wsorensen@ci.albertlea.mn.us

Do not write below this line; for office use only

Permit Fee \$ _____
State Surcharge \$ _____
Additional Fee \$ _____
Permit Total \$ _____

Permit Approved by _____ Date _____