

Invoice Number _____

CITY OF WINONA - Protective Inspection Department
207 Lafayette Street, Winona, MN 55987
(507)457-8231; FAX (507)457-8212

MECHANICAL-HEATING PERMIT APPLICATION _____

PERMIT NO. _____

Receipt # _____

Property Address: _____ Suite/Unit No. _____

Applicant is: Owner Contractor Other

Property Owner: _____ **Phone No.** _____

Address: _____ City _____ State _____ Zip Code _____

Contractor: _____ **Phone No.** _____

Address: _____ City _____ State _____ Zip Code _____

State License No.: _____

Description of Work: New Add-on Replace Alter

SYSTEM TYPE: Hot Water Steam Warm Air Kitchen Hood (Type 1 or 2) Gas Water Heater Makeup Air

MAKE: _____ **MODEL:** _____

BURNER TYPE: Gas Oil Wood Liquid Petroleum

EXHAUST/FLUE SIZE _____ New Existing **TYPE:** Class "B" Masonry PVC

SIZE: BTU Input _____

GAS PIPING: _____ Feet installed Copper Black Iron Flexible Other _____ No. Outlets

DUCTWORK ONLY INSTALLATION

DESCRIPTION OF WORK: - (Specify any removal or nature of alteration) _____

***Gas piping pressure tests are required. Combustion air required.**

PERMITS FEES: Permit _____ State Surcharge 1.00 = _____ Total

Permit Payment Type: Credit Card Cash Check

The undersigned hereby makes application for a permit to do heating installation work as herein specified, agreeing to do all work in strict accordance with the Minnesota Mechanical Code and City of Winona ordinances.

Applicants Name

Date

Approved by

Date