



CHASKA MECHANICAL Permit Application

One City Hall Plaza
Chaska, MN 55318

Phone: 952-448-9200
Email: inspections@chaskamn.com

Today's Date: _____

PERMIT NO. M _____

Site Address: _____

Owner: _____ Phone: _____

Contractor: _____ Contact: _____ Phone: _____

Contractor's Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Mechanical Bond No.: _____

Type of Work: New Replace Alteration Repair Addition

HEATING SYSTEM

OTHER SYSTEMS

Furnace Make: _____

Air Conditioning Make: _____

Furnace Model #: _____ Size: _____

A/C Model #: _____ Size: _____

Fuel: _____

Bath Vent(s) CFM: _____ Dryer Vent: _____

Flue Diameter: _____

Range Hood Vent(s) BTU: _____

Input BTUs: _____ Output BTUs: _____

Combustion Air Size: _____

Other: _____

Ventilation System: Balanced Exhaust Only

Gas Piping: Furnace Water Heater Dryer Stove Fireplace(s) Garage Heater Other _____

REQUIRED INSPECTIONS:

Rough-In Inspection: Pressure test gas line(s) for ½ hour @ 25 PSI minimum. Schedule when all ducting and other components to be concealed are complete and prior to being covered.

Final Inspection: Shall be made upon completion of mechanical system.

**MINIMUM CHARGE IS
\$60.00 PLUS
STATE SURCHARGE
And \$5.00 Technology Fee**

VALUATION OF MECHANICAL SYSTEM

JOB VALUATION: \$ _____

Permit Fee: x 1.5% if valuation is less than \$25,000.00

x 1.25% if valuation is more than \$25,000.01

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

Signature of Contractor

PERMIT FEE:	\$
State Surcharge: (Job value x .0005)	\$
Commercial Plan Review: (10% of permit fee)	\$
Technology Fee	\$5.00
TOTAL PERMIT FEE:	

Official Use Only

Approved by: _____ Date: _____

credit card

Received by: _____ Date: _____ Ch.# _____ \$ _____

Received by: _____ Date: _____ Check Cash