Mechanical Permit Application

Residential

630 Florence Avenue PO Box 890 Owatonna, MN 55060
Building Inspections Department
www.co.steele.mn.us | Phone: 507-444-7475 | Email: Inspections@co.steele.mn.us

Planning / Zoning, SSTS, and Building Department Use Only

PIN:	Permit #:	Fee:	Plan Charge:	State Surcharge:	Total Permit Fee:

Notes:

Building Inspections Dept.: Date:

Jobsite Address: City:

PROPERTY OWNER

Name: Phone:

Address: Email:

City: State: Zip:

CONTRACTOR

Company (Mechanical Bond): License #: Exp. Date:

Address:

City: State: Zip:

Contact: Contact Phone:

Office Phone: Email:

PROJECT INFORMATION

- ☐ New
- ☐ Alteration / Remodel / Repair
- ☐ Replacement
- ☐ Other Residential: _____

Select one:

- ☐ Air Exchanger
- ☐ Garage heater
- ☐ Gas Line
- ☐ Furnace
- ☐ AC
- ☐ Other: _____

Unit Make	Unit Model	Input

DESCRIPTION OF WORK

PROJECT VALUATION: $

****This Permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with weather specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. 24 hours advanced notice on all inspections is required.**

Applicant Name: Signature: Date:

**** EMAIL / MAIL SIGNED APPLICATION TO ADDRESS ABOVE****