

# MECHANICAL PERMIT

## Lynden Township

Owner \_\_\_\_\_

Site Address \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Type of Construction: New \_\_\_\_\_ Remodel \_\_\_\_\_

The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all such work in strict accordance with all applicable codes and ordinances, and hereby declares that all facts and representations stated in this application are true and correct.

**Residential permit fee includes one rough-in and one final inspection.**

**Commercial permit fee includes one rough-in and one final inspection, this applies up to 1,000,000 BTU's.**

**All inspections require 24 hour notice. Contact the number below.**

Permit Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Project Valuation \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

State Surcharge \$ 5.00

Add'l Inspection \$ \_\_\_\_\_

Total Fee \$ \_\_\_\_\_

Paid/Check # \_\_\_\_\_

**Note: Permit expires six months from date of issue.**

<u>Quantity</u>	<u>Brand/Model/BTU</u>	<u>Brand/Model/BTU</u>	<u>Brand/Model/BTU</u>
Water Heater _____	Furnace _____	Boiler _____	Fireplace _____
Range _____	Unit Heater _____	Space Heater _____	Infra Red _____
Dryer _____	Wall Heater _____	Air _____	Air to Air _____
Future _____	Misc. _____	Conditioning _____	Heat Exchanger _____
Opening _____		Temp Heat _____ (requires additional inspection) \$30.00 each	

New \_\_\_\_\_ Replacement \_\_\_\_\_ Total BTU \_\_\_\_\_

Venting Equipment: Hood/CFM \_\_\_\_\_ Exhaust Fan/CFM \_\_\_\_\_ Other \_\_\_\_\_

Air Handling Equipment: CFM \_\_\_\_\_ BTU/H \_\_\_\_\_ Other \_\_\_\_\_

Gas piping only/number of openings: \_\_\_\_\_ gas piping only/mobile home: \_\_\_\_\_

Alterations to existing burners/equipment: BTU \_\_\_\_\_

Additional information: \_\_\_\_\_

Mech. Cont. \_\_\_\_\_ Tel. # \_\_\_\_\_

Signed \_\_\_\_\_ Lic. # \_\_\_\_\_

Approved by: \_\_\_\_\_

**I attest that all methods and materials are used in compliance with current codes.**

**AllSpec Services, LLC**

14562 Ronneby Road NE, Foley, MN 56329  
(320) 293-5298 – tel. (320) 387-2703 – fax