

City of Farmington

430 Third St., Farmington, MN 55024
651-280-6830 Fax 651-280-6839



Application for Mechanical Permit Fireplace

Date _____

Permit No. _____

Site Address	_____
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Applicant: Owner ____ Contractor ____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Work Type:	<input type="checkbox"/> - New <input type="checkbox"/> - Remodel/Alt. <input type="checkbox"/> - Repair
Mechanical (Fireplace)	<input type="checkbox"/> - Masonry <input type="checkbox"/> - Factory Built <input type="checkbox"/> - Gas Log <input type="checkbox"/> - Factory Built Stove
Permit Type:	
Fuel:	<input type="checkbox"/> - Natural Gas <input type="checkbox"/> - Wood
Office Use Required Inspections	<input type="checkbox"/> - Frame <input type="checkbox"/> - Gas Line Test (24 Hr) <input type="checkbox"/> - Final

FORM ONLY VALID THROUGH 12/31/17

Estimated Value of Work \$ _____

Permit Fee \$61.00 (\$60.00 + \$1.00 surcharge)

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Farmington to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Farmington and the State of Minnesota.

Applicant's Signature/Date