MECHANICAL PERMIT APPLICATION

City of Lino Lakes
600 Town Center Parkway
Lino Lakes, Minnesota 55014-118
Building Department: 651-982-2420
Fax: 651-982-2499
building@linolakes.us

Job Site Address: _____ Suite #: _____

Lot _____ Block _____ Subdivision _____

Total Project Valuation: $ _____ The Applicant is: ☐ Owner ☐ Contractor

PROPERTY OWNER	Name _____ Daytime Phone ( ) _____ Address _____ Suite # _____ City _____ State _____ Zip _____ E-mail _____
CONTRACTOR	Name _____ Daytime Phone ( ) _____ Address _____ Suite # _____ City _____ State _____ Zip _____ State or City of Lino Lakes License # _____ E-mail _____

PROPERTY TYPE	CONSTRUCTION TYPE	ACTIVITY
☐ Agricultural ☐ Commercial ☐ Industrial ☐ Institutional ☐ Manufactured Home ☐ Single Family ☐ Townhome	☐ Air Conditioning* ☐ Alterations* ☐ Fireplace- Gas* Number of Fireplaces _____ ☐ Fire Place- Wood Burning ☐ Furnace* ☐ Gas Line* ☐ In Floor Heating* ☐ Other- Describe work _____ _____ *No review required for Single Family, Townhome or Manufactured Home.	☐ Addition ☐ Basement Finish ☐ Garage ☐ Remodel ☐ Replacement ☐ New Construction

I hereby apply for a mechanical permit and I acknowledge that the information above is complete. I understand this is not a permit and work is not to start without a permit.

_____ _____
Applicant Signature Date

---OFFICE USE ONLY---

PERMIT FEE _____ STATE SURCHAGE _____ CONTRACTOR LICENCE VERIFICATION FEE _____

TOTAL AMOUNT DUE $ _____

BUILDING APPROVAL: _____ DATE: _____

PERMIT # _____