City of Osakis

14 Nokomis Street East ~ PO Box 486 ~ Osakis, MN 56360 Ph: (320) 859-2150 ~ FAX: (320) 859-3978

MECHANICAL PERMIT		Permit Number:	
Address o	of Property:		
Applicant:		P	hone:
Owner of Property:		Phone:	
Address:			
Mechanic	al contractor responsible for installing sys	tem:	
Property U	Use: Commercial Residential		
Number	Type of Fixture or Item	Number	Type of Fixture or Item
	Air Conditioning		Ventilation
	Boiler		Gas Log
	Ductwork		Water Heater
	Factory Fireplace		Other
	Furnace		
	Piping-Fuel		
	Rooftop Unit		
	Space/Unit Heater		
		_	LY)\$
Surcharge	e (\$.050 for set fees otherwise valuation x	.0005	\$
TOTAL N	MECHANICAL PERMIT FEES		\$
Furnace Efficiency Rating:		BTU Input:	
Signature of Applicant			Date
	FOR INSPECTION This is application only. Permit will be		
Authorized Approval Signature			Date _