



City of Victoria
 7951 Rose Street
 P.O. Box 36
 Victoria, MN 55386
 (952) 443-4210

DATE RCV'D: _____

Building Inspection Department

MECHANICAL

PERMIT APPLICATION

HEATING, VENTILATION & AIR CONDITIONING

OWNER CONTRACTOR

DATE OF APPLICATION: _____

JOB SITE ADDRESS: _____

OWNER _____ PHONE NO: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTRACTOR _____ PHONE NO _____

STREET _____

CITY _____ STATE _____ ZIP _____

CONTR. # _____ License Exp. Date _____

ADDN/REPL/REPAIR _____ AIR COND. _____ FIRE PLACE _____

FUEL TANK HEATING _____ GARAGE HEATER _____ GAS PIPING _____

HEATING _____ HEATING/AIR COND. _____ REFRIGERATION _____

VENTILATION _____ MISC. (provide detail) _____

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

JOB COST _____ (To be completed for commercial jobs)

JOB DESCRIPTION _____

SYSTEM DESCRIPTION	1	2	FUEL TYPE
SYSTEM TYPE	_____	_____	_____ NATURAL GAS
QUANTITY	_____	_____	_____ ELECTRIC
MAKE	_____	_____	_____ WOOD
MODEL	_____	_____	_____ SOLAR
FUEL	_____	_____	_____ PROPANE
FLUE SIZE	_____	_____	_____ FUEL OIL
OUTPUT	_____	_____	
CFM OUTSIDE	_____	_____	
TONS	_____	_____	
HORSEPOWER	_____	_____	

HEAT LOSS CALCULATIONS NEED TO BE SUBMITTED WITH THIS APPLICATION

I hereby apply for mechanical permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and the codes of the city and with the state mechanical code; that I understand this is not a permit and work is not to start without a permit; and that the work will be in accordance with the approved plan.

Applicant's Signature _____ Date _____