

City of Farmington

430 Third St., Farmington, MN
55024 651-280-6830 651-280-6840



Application for Mechanical Permit Fireplace

Date _____

Permit No. _____

| | |
|---------------------|-------|
| Site Address | _____ |
|---------------------|-------|

Applicant: Owner _____ Contractor _____

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

| | |
|--|---|
| Work Type: | <input type="checkbox"/> - New <input type="checkbox"/> - Remodel/Alt. <input type="checkbox"/> - Repair |
| Mechanical (Fireplace) Permit Type: | <input type="checkbox"/> - Masonry <input type="checkbox"/> - Factory Built <input type="checkbox"/> - Gas Log <input type="checkbox"/> - Factory Built Stove |
| 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 |

Permit Fee \$65.00 + \$1.00 S/C = **\$66.00**

FORM ONLY VALID THROUGH 12/31/22

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