

DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

RECEIPT # \_\_\_\_\_

**CITY OF LEWISTON**  
75 Rice Street, Lewiston, MN 55952  
507-523-2257

MECHANICAL-HEATING PERMIT APPLICATION

(Please print or type.)

Installation Address: \_\_\_\_\_ Suite/Unit \_\_\_\_\_

Applicant is: Owner \_\_\_\_\_ Contractor \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: -\_- \_\_\_\_\_

\*\*\*\*\*

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

State License No.: \_\_\_\_\_

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Description of Work:  New  Add-on  Replace  Alter

SYSTEM TYPE:  Hot Water  Steam  Warm Air  Kitchen Hood  Makeup Air

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

BURNER TYPE:  Gas  Oil  Wood  Liquid Petroleum

FLUE: \_\_\_\_\_ Size  New  Existing \_\_\_\_\_ Type (Class "B", Masonry, PVC)

SIZE: BTU Input \_\_\_\_\_

GAS PIPING: \_\_\_\_\_ feet installed.  Copper  Black Iron  SS Flex  No. Outlets

Gas pressure into building: \_\_\_\_\_

REMARKS: - (Specify any removal or nature of alteration) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Gas piping pressure tests are required. Combustion air required.

PERMITS FEES: Permit \_\_\_\_\_ State Surcharge \_\_\_\_\_ = \_\_\_\_\_ Total

The undersigned hereby makes application for a permit to do heating installation work as herein specified, agreeing to do all work in strict accordance with the Minnesota Mechanical Code.

\_\_\_\_\_  
Signature of Contractor or Owner

\_\_\_\_\_  
Lewiston Authorized Signature