

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.: _____

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