

Invoice Number \_\_\_\_\_

**CITY OF WINONA - Protective Inspection Department**

207 Lafayette Street, Winona, MN 55987

(507)457-8231; FAX (507)457-8212, Email: inspections@winonamn.gov

**MECHANICAL-HEATING PERMIT APPLICATION** \_\_\_\_\_

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

**Receipt #** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ Suite/Unit No. \_\_\_\_\_

**Applicant is:**      Owner      Contractor      Other

**Property Owner:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Description of Work:**      New      Add-on      Replace      Alter

**SYSTEM TYPE:**      Hot Water      Steam      Warm Air      Kitchen Hood (Type 1 or 2)      Gas Water Heater      Makeup Air

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

**BURNER TYPE:**      Gas      Oil      Wood      Liquid Petroleum

**EXHAUST/FLUE SIZE** \_\_\_\_\_ **New**      **Existing**      **TYPE:**      Class "B"      Masonry      PVC

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

**GAS PIPING:** \_\_\_\_\_ Feet installed      Copper      Black Iron      Flexible      Other      \_\_\_\_\_ No. Outlets

**DUCTWORK ONLY INSTALLATION**

**DESCRIPTION OF WORK:** - (Specify any removal or nature of alteration) \_\_\_\_\_

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

**PERMITS FEES:** Permit \_\_\_\_\_ State Surcharge 1.00 = \_\_\_\_\_ Total

**Permit Payment Type:**      Credit Card      Cash      Check

*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 and City of Winona ordinances.*

\_\_\_\_\_  
**Applicants Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approved by**

\_\_\_\_\_  
**Date**