City of Glyndon



Mechanical and Plumbing Permit Application

36 3rd Street SE PO Box 223 Glyndon, MN 56547

				218-498-2578	
J P	nercial Or OMMERCIAL PROJECTS: signed application, detail di		dential e units and sizes as required. **	Exterior building elevations and	
	ne rooftop and/or above ground mechanical units will be so				
Cita/Desirat Address (if surilable).		Parcel#:	-		
Site/Project Address (if available):		Parcel#:			
Owner:	Phone:	Email:			
Owner Address:	<u> </u>	City:	State:	Owner Zip:	
Surveyor/Engineer/Contractor:		Phone:	Contractor License Number:		
	le i	C'i	Cut	T 2'	
Address:	Email:	City:	State:	Zip:	
Contact Person:	Phone:	Fax:			
Contact Folson	Thomas .				
Contact Address:	Email:	City:	State:	Contact Zip:	
Description of Project:	•	•	•	•	
Plumbing (please indicate the number of n	ew or relocated fixtures)				
Bathtub	Gray Water System				
Clothes Washer	Grease Interceptor/ grease tra			7	
Dishwasher	Hose Bibs	Shower			
Drinking Fountain	Rain System	Shower/Tub Combo		Combo	
Drains	Sinks	Toilet			
Water Heater	Water piping & treatment	Urinal			
	Other				
Water Service (size of pipe					
Backflow Preventer: (sizeinches)DCVARPBA					
Describe:			Total Number of Fixtures		
Mechanical (please indicate the number of	f new or relocated appliances)				
Air Handling Unit	Fans				
Air conditioner	Furnace		Other		
Appliances		Fireplace		Refrigeration Equipment	
Boiler/Compressor/ Roof Unit	Floor Furnace	Unit Heater			
> 50hp />1.75M Btu/h	Gas Piping (# of outlets)		Appliance Vents - Single Duct		
> 30hp />1 - 1.75M Btu/h	Heat pump	Medical Gas Piping			
> 15hp / >500 - 1M Btu/h	Comm. Kitchen Exhaus				
> 3hp />100 - 500 Btu/h	(type:))	T . 137 1	a. 5.1	
<3hp / <100,000 Btu/h	Water Heater	Total Number of Fixtures			
	D 110 FW 110 FW 110 FW 120 FW			un connect :	
	D AND EXAMINED THIS APPLICATION CES GOVERNING THIS TYPE OF WORK				
OR NOT.					

**BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (Building permits only)

SIGNATURE OF OWNER / AUTHORIZED AGENT	PRINTED NAME	DATE