



CITY OF
CHASKA



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MECHANICAL PERMIT APPLICATION

Site Address:			
Type of Property:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
Applicant is:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	
Property Owner			
Name:			Email:
Street Address:			Phone:
Contractor Information			
Company Name:			Office Phone:
Street Address:	City:	Zip:	
Contact Person:			License#:
	Email:	Cell Phone:	
Type and Detailed Description of Work			
Check Type of System:	<input type="checkbox"/> Furnace	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Venting Exhaust
	<input type="checkbox"/> Boiler	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Gas Piping
	<input type="checkbox"/> Other _____		
System #1		System #2	
Make			
Model			
Size			
Fuel			
Flue Diameter			
Input [BTU/EDR]			
CFM			
Detailed Description of Work:			
Valuation of Job:		For RTU Replacements:	
Valuation: \$ _____		Is this an exact replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REQUIRED INSPECTIONS:			
Rough-In Inspection:	Pressure test on the gas line(s) for 30 minutes @ 25 PSI minimum. Schedule when all ducting and other components to be concealed are complete before covering.		
Final Inspection:	Shall be scheduled upon completion of mechanical system.		
The undersigned agrees to do all work in conformance with city ordinances and rulings of the Building Department and herewith declares that all facts and representations on this application are true and correct and agrees to notify the Building Department when ready for inspection.			
Applicant Signature:			Date:

Permit #: _____

Received By: _____

Date: _____