



City of Orono
 P.O. Box 66
 2750 Kelley Parkway
 Crystal Bay, MN 55323
 Phone (952) 249-4600 Fax (952) 249-4616

FOR CITY USE ONLY	
Date Received: _____	Permit # _____
Approved By: _____	Amount \$: _____

CITY OF ORONO – MECHANICAL PERMIT

(All Commercial permits must be approved by the Building Official or Inspector and/or Fire Marshall)

GENERAL INFORMATION

1. You may apply for mechanical permits by mail or in person at the City offices. Applications will be reviewed and a permit will be issued within two working days.
2. Permit cards will be sent by return mail after a review is completed. **PERMITS ARE NOT VALID UNTIL YOU RECEIVE A PERMIT. WORK MUST NOT BEGIN UNTIL THE PERMIT CARD IS POSTED ON THE JOB SITE.**
3. Mechanical Designs – Complete calculations, details and specifications are required for each heating, ventilation, humidification-dehumidification, and air conditioning installation including heat loss/heat gain calculation, design temperatures, equipment ratings and identification as to type, manufacturer and model. Data shall be presented on form provided.
4. When any new construction or remodeling is involved, a separate building permit must be obtained.
5. All work must be done in accordance with the Uniform Mechanical Code/State Building Code requirements.
6. All work must be inspected (rough-in and final). Call (952) 249-4600. **(24-48 hour notice required)**
7. House Heating Test Record must be submitted before final.

TYPE OF PERMIT (Check All That Apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial (Approval Required) |
| <input type="checkbox"/> New | <input type="checkbox"/> Additional |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Replace |

Job Site / Owner Information:

Site Address: _____

Owner: _____ Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Contractor Information:

Contractor: _____ Contact Person: _____

Address: _____ State Bond #: _____

City: _____ Zip: _____ Expiration Date: _____

Phone: _____ Alternate Phone: _____

Insurance – Current: _____

MECHANICAL SYSTEMS BEING INSTALLED

Note: All Geothermal Systems will now require a Site Plan & Review by our Building Official.

IS THIS GEOTHERMAL? Yes No

HEATING SYSTEMS

Quantity: _____

Make: _____

Model: _____

Fuel: _____

Flue Size: _____

Input BTUs: _____

Output BTUs: _____

CFM: _____

COOLING SYSTEMS

Quantity: _____

Make: _____

Model: _____

Tons: _____

H. Power _____

FIREPLACES

<input type="checkbox"/>	Gas Factory Fireplace	Brand Name: _____
<input type="checkbox"/>	Wood Burning Fireplace	
<input type="checkbox"/>	Wood Stove	Model No.: _____
<input type="checkbox"/>	Wood Stove With Flue	

VENTILATION

<input type="checkbox"/>	No. _____	Kitchen Exhaust _____	duct _____	recirculating _____	cfm
<input type="checkbox"/>	No. _____	Bath Exhaust (must have duct outside)			cfm
<input type="checkbox"/>	No. _____	Other Fans: Locations _____			cfm

FUEL STORAGE *(Must be approved by Fire Marshall if proposing to abandon tank in place.)*

<input type="checkbox"/>	Installation	<input type="checkbox"/>	Removal					
	Fuel Oil: _____	gallons	<input type="checkbox"/>	Underground	<input type="checkbox"/>	Inside	<input type="checkbox"/>	Outside
	LP Gas: _____	gallons						
	Other: _____							

GAS LINE ONLY

<input type="checkbox"/>	Outdoor Grill	<input type="checkbox"/>	Other / List What & Where: _____
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