

PERMIT NO. _____

**Town of Thomson
Mechanical Permit Application**

Job Site Address: _____ PID# _____

Project Valuation: \$ _____ The Applicant is: Owner/Occupant Contractor
(must include material and labor costs)

Property Owner

Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Contractor

Name: _____ Contact Person: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Contractor License # _____

Residential

- New Remodel
- Replace/Repair Other _____

Commercial

- New Remodel
- Replace/Repair Other _____

- ___ Air Conditioner
- ___ Bath Fan
- ___ Chimney/Flue
- ___ Ductwork/Ventilation
- ___ Fireplace (Gas)
- ___ Furnace
- ___ Gas Piping Openings
- ___ HRV/ERV
- ___ In-Floor Heat/Hydraulics
- ___ Kitchen Hood
- ___ Space/Unit Heater
- ___ Hot Water Boiler
- ___ Wood Burning Unit
- ___ Other: _____

- ___ Air Conditioner
- ___ Bath Fan/PRV
- ___ Boiler Steam/Hot Water
- ___ Ductwork/Ventilation
- ___ Fireplace (Gas/Wood)
- ___ Fire/Smoke Dampers
- ___ Furnace
- ___ Gas Opening
- ___ HRV/ERV
- ___ In-Floor Heat/Hydraulics
- ___ Kitchen Hood Type _____
- ___ Refrigeration
- ___ Roof Top Unit
- ___ Space/Unit Heater
- ___ Other: _____

Description of Work: _____

Notice

Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all ordinances and laws of the Town of Thomson.

Periodic &/or a final inspection of this work are required by the Minnesota State Building Code. It is the responsibility of the applicant to schedule any/all inspections.

Signature of Contractor or Owner **Date**

PERMIT NO: _____

FEES

Permit _____

Plan Check _____

State Surcharge _____

Other _____

TOTAL FEE _____

Card Conv. Fee _____

Total Paid _____

Date _____