

**CITY OF MOORHEAD BUILDING CODES**

500 CENTER AVENUE/PO BOX 779

MOORHEAD, MINNESOTA 56561

PHONE (218)299-5424 FAX (218)299-5399

E-MAIL buildingcodes@ci.moorhead.mn.us

**MECHANICAL PERMIT APPLICATION**

CLASSIFICATION OF WORK:  Residential  Multiple  Commercial  Industrial

<b>SITE</b>	Project Title
	Project Site Address

<b>OWNER</b>	Owner	Contact Person
	Owner Address	Phone Number
	City, State, Zip	Fax Number

<b>CONTRACTOR</b>	Contractor	Contact Person
	Contractor Address	Phone Number
		Email
	City, State, Zip	Fax Number

Valuation of Work \$

Brief Description of Work:

Delivery of Permit (check one): Mail \_\_\_\_\_ Fax \_\_\_\_\_ Pickup \_\_\_\_\_ Email \_\_\_\_\_

Fax Number for Permit Delivery:

Email Address for Permit Delivery:

*I hereby apply for a Mechanical Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code; and, that I will cause the work to remain accessible and exposed for inspection purposes.*

Applicant Signature	Date
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