

Date Received: _____

PERMIT NO: _____

**APPLICATION FOR BUILDING PERMIT
MECHANICAL
CITY OF KASSON, MINNESOTA**

Applicant: _____	Phone No.: _____
Address: _____	Email: _____
Contractor: _____	Phone No: _____
State License No: _____	Please Circle: New Replacement
Building Site Location/New Address: _____	
Please Circle: Fireplace Gas Lines Water Heater Pipelines Furnace Central Air Conditioner	
Other: _____	

A MECHANICAL PERMIT IS REQUIRED FOR FIREPLACES, GAS LINES, WATER HEATERS, PIPELINES, FURNACES AND CENTRAL AIR CONDITIONERS.

THE ATTACHED ITEMS ARE CONDITIONS FOR PERMIT ISSUANCE FOR MECHANICAL.

STRICT COMPLIANCE IS MANDATORY.

Call CMS for information and inspections at (507) 282-8206

Jay Kruger
CMS Building Official

I hereby declare that I am the Owner, or authorized agent of the owner of the above described property and I agree to construct the building or use herein described in accordance with the regulations and ordinances that govern said improvement within the City of Kasson and that the foregoing information contained on this permit is a true and correct statement of my intentions.

Date: _____ Signed by Applicant: _____

Please Print Name: _____

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APPROVED BY: _____ DATE: _____

Total Amount Due: \$63.50

Two or more items: \$126.00

BP (rev 01/31/2024)