



Building Inspection Department
 208 NW 1st Avenue – 1st Floor
 Faribault, MN 55021
 Phone (507) 333-0387 Fax (507) 384-0507

Mechanical Permit

Email all applications to:
buildingcodes@ci.faribault.mn.us

MECHANICAL
Required Information by Applicant

ITEM	SIZE
Addition	
Air Conditioning	
Alteration	
Fireplace	
Garage Heater	
Furnace – New Construction	
Furnace – Replacement	
Remodel	
Water Heater	
Boiler – Steam Heat Low Pressure	
Electric – Baseboard Heat	
Ventilation – HRV/ERV	
Other	

Description of Work:

Valuation of Project

(Labor + Material): \$ _____

Building Address _____

Owner _____

Mailing Address _____

City _____ State ____ Zip _____

Telephone Number _____

Contractor _____

Mailing Address _____

City _____ State ____ Zip _____

Telephone Number _____

License Number _____ Class _____

Email Address _____

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all city ordinances and state laws regulating heating, ventilating and air conditioning.

I hereby certify that I am properly registered and /or licensed as required by City of Faribault and state of Minnesota or that I am the legal owner of, and intend to reside in, the above-described residential property.

Signature of Permittee: _____

Date: _____

Permit Number: _____

Processed By: _____

Description of Work Continued:

- Commercial (COMM)**
- Industrial (INDU)**
- Public Facilities (PUBL)**
- Residential (RESI)**
- Multi-Family (MULT) # Units _____**
- Townhomes (TOWN)**
- Duplex (DPLX)**
- Modular (MODU)**
- Condominium (COND)**