

CITY OF GRANITE FALLS PERMIT APPLICATION

PLUMBING AND MECHANICAL

Return all forms to: **City of Granite Falls**
Building Department
641 Prentice Street
Granite Falls, MN 56241

Building Official Contact:
 Cell 1: (320) 226-5189 Cell 2: (507) 351-4599 Fax: (651) 846-6034
 Cell 3: (507) 430-2679

Office Use Only	
Building Permit No.	_____
Date Received:	_____
Plumbing	\$ _____
Mechanical	\$ _____
Surcharge	\$ _____
Plan Review	\$ _____
Total	\$ _____

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

SECTION 1- DIRECTORY INFORMATION

Check appropriate box: Plumbing Mechanical

Project Street Address: _____ Zoning District: _____
 Owners Name: _____ Phone: _____
 Address: _____
 Plumbing Contractor: _____ Phone: _____
 Address: _____ License No.: _____
 Mechanical Contractor: _____ Phone: _____
 Address: _____

Check appropriate box: Fireplace Water Heater A/C Furnace Sprinkler

Use and Occupancy _____
 Applicant's Estimated Construction Cost (include materials & labor) \$ _____

SECTION 2- TYPE OF CONSTRUCTION

IMPORTANT: If any gas meters need to be moved, contact Centerpoint Energy Minnegasco.
 If electrical wires are above ground, contact Granite Falls Electric Dept. 24 hours in advance at 320-564-4426
 If any water meters need to be moved, contact Granite Falls Water Dept. 24 hours in advance at 3207-564-2530.

I hereby certify that I have completed, read and examined this application and know the same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant' Signature _____ Date _____
 Applicant's Name - Printed _____
 Email Address _____
 Address _____

SECTION 3 - APPROVAL BY BUILDING OFFICIAL

Authorized Approval Signature _____ Date _____