

# 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	\$ _____
<b>Total</b>	<b>\$ _____</b>

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 \_\_\_\_\_