



MECHANICAL PERMIT APPLICATION

City of Grinnell
 520 4th Avenue
 Grinnell, IA 50112

1. JOB ADDRESS					
LEGAL DESCR	LOT NO.	BLK.	TRACT		
2. OWNER		MAILING ADDRESS		PHONE	
3. CONTRACTOR (Leave Blank if n/a)		MAILING ADDRESS		PHONE	
4. ARCHITECT (Leave Blank if n/a)		MAILING ADDRESS		PHONE	
5. ENGINEER (Leave Blank if n/a)		MAILING ADDRESS		PHONE	
6. USE OF BUILDING:					
7. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE					
8. DESCRIBE WORK:					
<u>PROJECT VALUATION - MUST BE SUBMITTED FOR PERMIT TO BE PROCESSED:</u> \$ _____ Valuation of Materials and Labor (if completed by the owner valuation = materials x 2):			<u>IF THIS IS REPLACEMENT WORK, PLEASE INDICATE BELOW THE NUMBER OF UNITS BEING REPLACED (1 FURNACE AND 1 AC = 1 UNIT, IF REPLACING JUST THE FURNACE OR JUST THE AC, THAT IS ALSO 1 UNIT)</u> Residential Units _____ x \$60.00 = _____ Commercial Units _____ x \$85.00 = _____		
<div style="text-align: right; margin-bottom: 20px;">License Number _____</div> <div style="display: flex; justify-content: space-between;"> Signature of Contractor or Authorized Agent _____ Date _____ </div>					
WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT					
PERMIT FEE	ADD. FEES & PENALTIES	TOTAL FEES	VALIDATION	DATE	RECEIPT #