



Application# _____

TOWN OF BURNSVILLE MECHANICAL PERMIT APPLICATION

Project Address: _____ Date: _____

PIN # _____

Circle Permit Type: Electrical HVAC Plumbing Refrigeration
Other _____

Type of Work: *Circle Applicable Type(s)* New Addition Remodel

Use of Property: (Circle One) Owner Occupied Rental Sale

Project Description: _____

Owner: _____

Phone # _____ Address: _____

City _____ State _____ Zip _____

Applicant (If Different from Owner): _____

Phone # _____ Address: _____

City _____ State _____ Zip _____

Contractors *(Fill out information for any that apply)*

Electrical Contractor: _____

NCGC LIC # _____ Email: _____

Phone # _____ Address: _____

City _____ State _____ Zip _____

HVAC Contractor: _____

NCGC LIC # _____ Email: _____

Phone # _____ Address: _____

City _____ State _____ Zip _____

Plumbing Contractor: _____
NCGC LIC # _____ Email: _____
Phone # _____ Address: _____
City _____ State _____ Zip _____

Refrigeration Contractor: _____
NCGC LIC # _____ Email: _____
Phone # _____ Address: _____
City _____ State _____ Zip _____

Applicant Signature: _____ **Date:** _____

Staff Use Only

Processed by: _____

Approved by: _____

Date: _____