



# Plumbing/Mechanical Permit Application

Submit applications to: [permits@prokoreins.com](mailto:permits@prokoreins.com)  
Permit or code questions: 507.388.4224

<b>Type of Use</b>	<input type="radio"/> Residential	<input type="radio"/> Multi-Family	<b>Type of Work</b>	<input type="radio"/> New Construction	<input type="radio"/> Addition
	<input type="radio"/> Commercial	<input type="radio"/> Mixed Use		<input type="radio"/> Remodel/Alteration	<input type="radio"/> Repair
	<input type="radio"/> Industrial			<input type="radio"/> Maintenance	<input type="radio"/> Change Out

<b>Site Address</b>	Address	Suite/Apartment No.	City	State	Zip
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### Project Contacts (Contact Person & Business Name)

<b>Applicant</b>	Address			Email
	City	State	Zip	Phone

<b>Property Owner</b>	Address			Email
	City	State	Zip	Phone

<b>Contractor</b>	Address			Email
	City	State	Zip	Phone

<b>Project Manager</b>	City	State	Zip	Phone
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<b>State Contractor License</b>	No.
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<b>Mechanical Bond</b>	No.
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**Plumbing Section**

Specify number of fixtures \_\_\_\_\_. Is a plumbing plan attached?  Yes  No  
 Does your plumbing plan include a fire sprinkler?  Yes  No Lawn sprinkler?  Yes  No  
 Description of work: \_\_\_\_\_  
 \_\_\_\_\_

**Mechanical Section**

**Heating unit** (  Gas ) (  Other \_\_\_\_\_ ) (Efficiency \_\_\_\_\_ %) (Size \_\_\_\_\_ BTU)  
 (  Sealed Combustion ) (  Direct/Power Vented ) (  Atmospherically Vented ) (  Other \_\_\_\_\_ )  
**Water heater** (  Electric ) (  Gas ) (  Sealed Combustion ) (  Direct/Power Vented ) (  Atmospherically Vented )  
**Cooling unit** (Size \_\_\_\_\_ ) (Seer \_\_\_\_\_ )  
 Description of work: \_\_\_\_\_  
 \_\_\_\_\_

Applicant listed on Plumbing/Mechanical Permit Application certifies that all pertinent state regulations and City ordinances will be complied with in performing the work for which the permit is issued.

<b>Applicant Name</b> (print)		<b>Permit No.</b> (staff only)	
<b>Applicant Signature</b> (initial to sign)		<b>Application Date</b>	