



Sleepy Eye

Plumbing/Mechanical Permit Application

Submit applications to: permits@prokoreins.com
Permit or code questions: 507.388.4224

Type of Use	<input type="radio"/> Residential	<input type="radio"/> Multi-Family	Type of Work	<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

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

Applicant	Address			Email
	City	State	Zip	Phone

Property Owner	Address			Email
	City	State	Zip	Phone

Contractor	Address			Email
	City	State	Zip	Phone

Project Manager	City	State	Zip	Phone
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State Contractor License	No.
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Mechanical Bond	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.

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