City of Avon

Amy Pease
Zoning Administrator

140 Stratford Street E,
P.O. Box 69
Avon, MN 56310

320-356-7922
320-356-2259 Fax

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OFFICE HOURS FOR AMY PEASE
ZONING/BUILDING PERMITS
MONDAY-THURSDAY 7:30A-3:30P

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APPLICATION FOR MECHANICAL PERMIT

CITY OF AVON
140 Stratford St. E., P.O. Box 69
Avon, MN 56310
Phone: (320) 356-7922 Fax: (320) 356-2259

OFFICE USE ONLY

Date:_____ Building Permit No_____ Mechanical Permit No_____

PID No:_____ Lot No:_____ Block No:_____

Addition:_____

Address of Property:_____

Applicant:_____ Phone:_____

Owner of Property:_____ Phone:_____

Address:_____

Mechanical contractor responsible for installing system:_____
Property Use: Commercial_____ Residential_____

No.	Type of Fixture or Item	No.	Type of Fixture or Item
	Air Conditioning		Ventilation
	Boiler		Gas Log
	Ductwork		Water Heater
	Factory Fireplace		Space/Unit Heater
	Furnace		(Other)
	Piping-Fuel		
	Rooftop Unit		

Mechanical Valuation $_____

Permit Fee $_____

Surcharge $_____

TOTAL MECHANICAL PERMIT FEES..... $_____

Furnace Efficiency Rating:_____ BTU Input:_____

Signature of Applicant:_____ Date:_____

IMPORTANT:
PLEASE CALL MICHAEL @ 320-377-9029 ASAP (BEFORE PERMIT IS ISSUED)
This is an application only. Permit will be issued after City approval and payment of fees.

Authorized Approval Signature:_____ Date:_____

Certificate of Compliance
Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

☐ I have no employees.

☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

_____

☐ Other: _____.

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

MN LIC 04 (11/08)