

CITY OF DILWORTH  
PO Box 187, 2 - 1st Ave. NE, Dilworth, MN 56529  
(218) 287-2313 or Fax (218) 287-2309  
[Dilworthcityhall@ci.dilworth.mn.us](mailto:Dilworthcityhall@ci.dilworth.mn.us)

**NEW CONSTRUCTION RESIDENTIAL BUILDING PERMIT APPLICATION CHECKLIST**

Address of Building Site:
Parcel Number
Legal Description:

Proposed construction start date:
Type of Structure: _____ Rambler _____ Bi-Level _____ Split Level _____ 2 Story _____ Twin Home
Estimated Value:
Applicant Is: Owner _____ Licensed Contractor _____
Property Owner Name: _____ Phone: _____
Street Address: _____ City: _____ State: _____ Zip: _____

Contractor Name: _____ Phone# _____ License # _____
Mechanical Contractor Name: _____ Phone # _____
Plumbing Contractor Name: _____ Phone # _____

Type of Foundation:
Size of Building: (Dimensions)
Total Height of Structure:
Lot Square Footage:
Sq. Footage of Main Level: _____ Sq. Footage of Garage: _____

**\*\*\*\*\*MANDATORY\*\*\*\*\***

<b>*Type of Balanced Mechanical Ventilation System: FILL OUT MECHANICAL PERMIT</b>
<b>*TOTAL VENTILATION RATE: FILL OUT MECHANICAL PERMIT</b>
*A Site Plan must be completed and attached to the blue prints
*One Set of Blueprints with wall section/cross section.
*One Set of Floor Truss and Roof Truss drawings

The City of Dilworth requires 24 hours for review. Applicant will be notified of review completion.

<b>City of Dilworth Mechanical Application</b> 2 1 <sup>st</sup> Ave SE Dilworth, MN 56529 218-287-2313 218-287-2309 <a href="mailto:dilworthcityhall@ci.dilworth.mn.us">dilworthcityhall@ci.dilworth.mn.us</a>	Site Address: _____	Permit # _____
	Name: _____	Date Issued: _____
	Mailing Address: _____	Permit Fee: _____
	Parcel Number: _____	State Surcharge: _____
	Project Value: _____	<b>Total Fee:</b> _____

**CONTRACTOR INFORMATION**

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**BUILDING USE**

Single-family  
  Two-family  
  Multi-family  
  Townhouse  
  Commercial  
  Industrial Accessory  
  Misc. Structure

**TYPE OF INSTALLATION**

New  
  Addition  
  Remodel  
  Temporary  
  Replacement  
  Emergency Replacement

Building Heat Loss Total: \_\_\_\_\_ Btu/h      Building Heat Gain Total: \_\_\_\_\_ Btu/h

**NOTE:** Building over 145,000 Btu/h loss, 60,000 Btu/h, or 3,000 square feet in area shall require heating and cooling load calculations be submitted with permit request.

**MECHANICAL EQUIPMENT**

Forced Air Furnace  
  Hot Water Boiler  
  Unit Heater  
  Wall Furnace  
  Heat Pump  
  DX Cooling

Cooling Unit  
  Gas Fireplace  
  Wood Fireplace  
  Gas Log Lighter  
  Other: \_\_\_\_\_

**EQUIPMENT CAPACITY**

Heating Equipment	Quantity	Input Btu/h	Output Btu/h	Cooling Equipment	Quantity	Tons	CFM

**FUEL USED FOR HEATING**

Natural Gas  
  L P  
  Duel Fuel  
  Fuel Oil  
  Electric  
  Heat Pump  
  Wood  
  Pressure

**VENTING OF HEATING EQUIPMENT**

"B" Vent  
  "BW" Vent  
  "L" Vent  
  Class "A" Masonry  
  Class "A" Metal  
  Plastic Condensing  
  Other

**COMBUSTION AIR INTAKE**

None  
  Air from Outdoor  
  Air from within Building  
  Other: \_\_\_\_\_

**TYPE OF MECHANICAL VENTILATION SYSTEM TO BE INSTALLED TO MEET R403.5 OF THE NEW ENERGY CODE**

Heat Recovery Ventilator  
 Balanced System (Must comply with R403.5 through R403.6)

The undersigned hereby represents upon all of the penalties of law that all statements herein are true and that all work herein mentioned would be in accordance with the State of Minnesota Mechanical Code.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Approved: \_\_\_\_\_  
Building Official