

Commercial Mechanical Checklist

Building Inspections | City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2650

Complete this checklist form and submit electronically to the documents file folder in ePlans. Incomplete submittals or illegible plan review documents will be rejected.

CHECKLIST MUST BE FILLED OUT AND INCLUDED WITH YOUR EPLAN SUBMITTAL

		PROPERTY O	WNER INFORMATIO	ON		
Site Address:				Parcel ID:	Parcel ID:	
Lot:	Block:	Subdivision:		<u>, </u>		
Property Owner Name:				Phone:		
Email:			Estimated Value of	alue of Work (include labor) \$		
		APPLICANT/CON	TRACTOR INFORMA	ATION		
Applicant Name:				License #:	License #:	
Email:				Phone:	Phone:	
Contractor (if different):				Phone:	Phone:	
		SUBCONTRACTOR IN	NFORMATION (if ap	plicable)		
Plumbing:			Phone:	License #:	License #:	
Mechanical:			Phone:	License #:	License #:	
Fire:			Phone:	License #:	License #:	
Water/Sewer:			Phone:	License #:		

Please complete the checklist below for each of the applicable requirements:

Mechanical Plans