



# MECHANICAL WORKSHEET

City of Prior Lake | Building Inspections  
 4646 Dakota Street SE | Prior Lake MN 55372  
 Office: 952.447.9850 | [permits@PriorLakeMN.gov](mailto:permits@PriorLakeMN.gov)

GENERAL CONTRACTOR	
Name	PID
Site Address	
REQUIRED DETAILS	
CODE TYPE	<input type="checkbox"/> Category 1 <input type="checkbox"/> 2020 Minnesota Energy Code
FURNACE TYPE	<input type="checkbox"/> Power Vent <input type="checkbox"/> Direct Vent <input type="checkbox"/> Natural Draft
WATER HEATER	<input type="checkbox"/> Sealed <input type="checkbox"/> Power Vent <input type="checkbox"/> Natural Draft <input type="checkbox"/> Electric <input type="checkbox"/> Other
FIREPLACE—AMT. _____	List Fuel Type and Venting:
MECHANICAL VENTILATION AIR	Describe How Ventilation Will Be Achieved:
LIST ALL EXHAUSTING APPLIANCES: INCLUDE CFM: (Bath Fan, Range Hood, Dryer, Central Vacuum...)	
MAKEUP AIR: (Describe how makeup air will be achieved.)	
SIGNATURE (S)	
Signature of Applicant	Date
Printed Name	