



Appl: # _____

\$ _____ (Invoice)

HOOD & DUCT PERMIT APPLICATION

3400 Plymouth Boulevard
Plymouth, MN 55447
General Information (763)509-5430
Inspection Scheduling (763)509-5449
FAX (763) 509-5407

Property Location: _____

~ OR ~

Legal Description: Lot _____ Block _____ Subdivision Name _____

Property I.D. (PIN) No. _____

*For non-invoiced customers, permits may be mailed in or faxed in.
You will be called with the permit fee when the permit is ready to be picked up and paid for IN PERSON in Community
Development at City Hall. Note: Checks are not to be mailed with the permit application.*

Proposed Use:

- | | | | |
|------------|--------------------------|--------------|--------------------------|
| Church | <input type="checkbox"/> | Multi-Family | <input type="checkbox"/> |
| Commercial | <input type="checkbox"/> | Public | <input type="checkbox"/> |
| Industrial | <input type="checkbox"/> | Other _____ | |

Number of hoods to be cleaned _____

Applicant is: Contractor Other Owner Tenant

Name: _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone No.:** _____

Telephone No.: _____ (Bus., pager, mobile)

Tenant Name (if applicable) _____ **Unit/Suite #** _____

Cleaning Schedule

Starting: Date _____ Time _____ a.m./p.m.

Est. Completion: Date _____ Time _____ a.m./p.m.

Describe Proposed Work: _____

Are you approved as an Invoice Contractor? Yes No

If yes, are the fees for this permit to be invoiced? Yes No

PERMIT FEE SCHEDULE	
Type I Hood Systems – Annual Fee	\$75.00

I HEREBY APPLY FOR A HOOD AND DUCT CLEANING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES, (3) THE STATE FIRE CODE.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE FIRE CODE.

Applicant's Signature Date

Please Print Applicant's Name

For Plan Review Use Only	
Inspection Types (to be checked) <input type="checkbox"/> Final <input type="checkbox"/> Rough-In	Authorized For Issuance: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ _____ _____
Fees (to be checked) <input type="checkbox"/> Permit <input type="checkbox"/> Penalty	
Permit Purpose (Remarks) _____ _____ _____	Signature: _____ Date: _____