



MECHANICAL PERMIT APPLICATION

Appl: # _____
\$ _____ (Invoice)

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 (if no plans are required).
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.*

- Permit Type:** **Alteration:** (For modifications, replacements, appliance change outs, or repairs to any central system.)
- Miscellaneous:** (Gas piping only, gas fireplaces, refrigeration or process equipment, garage heater, etc.)
- New:** (Installation of any central heating and/or air conditioning system for new construction.)

Proposed Use:	<u>Residential</u>		<u>Non-Residential</u>
Single Family Detached	<input type="checkbox"/>		Church <input type="checkbox"/>
Townhouse	<input type="checkbox"/>		Commercial <input type="checkbox"/>
Two Family	<input type="checkbox"/>		Industrial <input type="checkbox"/>
Multi-Family	<input type="checkbox"/>		Public <input type="checkbox"/>
			Other _____

Applicant is: Contractor Other Owner Tenant

Name: _____ **Email:** _____

Address: _____ **City:** _____

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

Bond # _____ **Telephone No.:** _____ (Bus., pager, mobile)

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

Estimated Cost (Required):\$ _____

Indicate number of each below that applies:

_____ Air Exchanger	_____ Boiler	_____ Air Conditioner
_____ Exhaust Fans	_____ Furnace	_____ Ductwork
_____ Gas Fireplace	_____ Gas Piping Openings	_____ Garage Heater
_____ In Floor Heating	_____ Kitchen Hood (Type 1)	_____ Geothermal Heat Pump
_____ Refrigeration or Process Equipment	_____ Roof Top Unit	_____ Kitchen Hood (Type 2)
		_____ Other

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	
NEW	ALTERATIONS OR MISCELLANEOUS
A. Permit Fee: 1.5% x Job Cost, (\$100.00 min.)	A. Permit Fee: 1.5% x Job Cost, (\$45.00 min.)
B. State Surcharge Fee: .0005 x Job Cost, (when job cost is \$1,000,000 or less)	B. State Surcharge Fee: .0005 x Job Cost, (when job cost is \$1,000,000 or less)
Total Fee: (A + B)	Total Fee: (A + B)

I HEREBY APPLY FOR A MECHANICAL 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 APPROVED PLANS AND SPECIFICATIONS, (3) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES, AND (4) THE STATE BUILDING 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 BUILDING 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"/> Other <input type="checkbox"/> Rough In	Authorized For Issuance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Purpose (Remarks) _____ _____ _____	If not, Why? _____ _____ Signature: _____ Date: _____