



# Mechanical Permit Application

Appl # \_\_\_\_\_

3400 Plymouth Blvd • Plymouth, MN 55447

\$ \_\_\_\_\_

763-509-5430 • 763-509-5407 (fax)

www.plymouthmn.gov • inspections@plymouthmn.gov

REV: 2/10/2020

## PROPERTY INFORMATION

SITE ADDRESS	SUITE	DATE
--------------	-------	------

PROPERTY OWNER / TENANT
-------------------------

## APPLICANT INFORMATION

Applicant is: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant	COMPANY NAME		
APPLICANT'S NAME	PHONE#	COMPANY ADDRESS	STATE BOND#
EMAIL ADDRESS	CITY	STATE	ZIP

## ENGINEER OR RECORD

CONTACT PERSON	COMPANY NAME
PHONE#	EMAIL

## USE TYPE

## CONSTRUCTION CATEGORY

<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential <input type="checkbox"/> New Building    OR <input type="checkbox"/> Existing Building	<input type="checkbox"/> Church <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Public <input type="checkbox"/> Multi-Fam <input type="checkbox"/> Single Fam Det. <input type="checkbox"/> Townhouse <input type="checkbox"/> Two Family				
<input type="checkbox"/> Principal Building <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other	<b>Detailed Description of Work:</b>  <table border="1"> <tr> <td></td> <td style="background-color: yellow;">Project Valuation</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>		Project Valuation		\$
	Project Valuation				
	\$				

## DESCRIPTION OF WORK

<input type="checkbox"/> Mechanical / Alteration	<input type="checkbox"/> Mechanical / New construction	<input type="checkbox"/> Mechanical / Replace/Repair
<input type="checkbox"/> ME - A/C & Furnace - Residential <input type="checkbox"/> ME - A/C - Residential <input type="checkbox"/> ME - Add/ Alt / Misc - Com <input type="checkbox"/> ME - Add/Alt/Misc - MF <input type="checkbox"/> ME - Add/Alt/Misc - Res <input type="checkbox"/> ME - Furnace - Residential	<b>Mechanical</b> <input type="checkbox"/> Air Exchanger <input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Boiler <input type="checkbox"/> Heat Exchanger <input type="checkbox"/> Ductwork <input type="checkbox"/> Infloor Heating <input type="checkbox"/> Exhaust Fans <input type="checkbox"/> Roof Top Unit <input type="checkbox"/> Garage Heater <input type="checkbox"/> Other _____	<b>Gas Openings</b> <input type="checkbox"/> Main <input type="checkbox"/> Range <input type="checkbox"/> Water Heater <input type="checkbox"/> Furnace <input type="checkbox"/> Fireplace <input type="checkbox"/> Boiler <input type="checkbox"/> Dryer <input type="checkbox"/> Other _____

## PERMIT FEE SCHEDULE

NEW CONSTRUCTION	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)
<b>Total Fee: (A + B)</b>	<b>Total Fee: (A + B)</b>

### Applicant: Please read and sign below

I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the State Building Code and applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection, that a final inspection approval and Certificate of Occupancy are required prior to occupying the building. This permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days.

**\*Separate permits are required for Building, Plumbing and Electrical work\***

APPLICANT'S SIGNATURE	DATE
-----------------------	------

## OFFICE USE ONLY

DATE APPROVED	AUTHORIZATION TO ISSUE:	REMARKS: