

Mechanical Permit Application

10609 South Shore Dr • Medicine Lake, MN 55441 \$

763-542-9701 • 763-509-5449 Inspection Scheduling

www.CityofMedicineLake.com • inspections@plymouthmn.gov

Appl # ______

REV: 1/27/20

PROPERTY INFORMATION						
SITE ADDRESS				SUITE	DATE	
PROPERTY OWNER / TENANT						
APPLICANT INFORMATION						
Applicant is: Property Owner Contractor Tenant COMPANY NAME						
APPLICANT'S NAME PHONE#		COMPANY ADDRESS	STATE BOND#			
EMAIL ADDRESS		L	CITY	STATE	ZIP	
ENGINEED OF PEOORS						
ENGINEER OR RECORD CONTACT PERSON COMPANY NAME						
PHONE#			EMAII	EMAIL		
FHONE#			EIVIAIL	LIVAL		
USE TYPE			CONSTRUCTION CATEGORY			
Commercial	Multi-Family	Residential	Commercial	Other Public		
New Building	OR	Existing Bulding	Multi-Fam Single	Multi-Fam Single Fam Det. Townhouse Two Family		
			Detailed Description of W	Detailed Description of Work:		
Principal Building Accessory Building Other			Project Valuation			
				e e		
DESCRIPTION OF WORK						
Mechanical / Alteration Mechanical / New consruction Mechanical / Replace/Repair						
ME - A/C & Furnace - Residential Mechan			nanical	Gas Openings		
ME - A/C - Residential Air Exchanger		Gas Fireplace	Main Range	water Heater		
ME - Add/ Alt / Misc - Com		Boiler	Heat Exchanger	Furnace Firepla	ace	
ME - Add/Alt/Misc - MF		Ductwork	Infloor Heating	Boiler Dryer	Other	
ME - Add/A	Alt/Misc - Res	Exhaust Fans	Roof Top Unit			
ME - Furna	ace - Residential	Garage Heater	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.)						
	rge Fee: .0005 x Job Cos	,		ite Surcharge Fee: .0005 x Job Cost, (when job cost is \$1,000,000 or		
	=	t, (When job cost is	less)			
\$1,000,000 or less) less) Total Fee: (A + B) Total Fee: (A + 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						
~~~~~~~~~~	~~~~~~~~~~~~		USE ONLY~~~~~~~~~	~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~	
DATE APPROVED	AUTHORIZAT	ION TO ISSUE:	REMARKS:			