

## Mechanical permit application

Job site address: \_\_\_\_\_ Unit number: \_\_\_\_\_ Zip code: \_\_\_\_\_

 Project valuation: \$ \_\_\_\_\_ Applicant is:  Owner and occupant  Contractor  
 (must include fair market value of material and labor cost)

Property owner *REQUIRED*								
Name: _____ Email: _____								
Address: _____ Unit number: _____								
City: _____ State: _____ Zip code: _____								
Phone: _____								
Contractor								
Name: _____ Email: _____								
Address: _____ Unit number: _____								
City: _____ State: _____ Zip code: _____								
Phone: _____ SLP mechanical license #: _____								
Property use	Type of structure	Type of work						
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Public	<input type="checkbox"/> Principal building <input type="checkbox"/> Garage <input type="checkbox"/> Accessory building <input type="checkbox"/> Temporary building <input type="checkbox"/> Swimming pool <input type="checkbox"/> Other: _____	<input type="checkbox"/> New building  <input type="checkbox"/> Existing building: <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Addition</td> <td style="padding: 2px;"><input type="checkbox"/> Code compliance</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Remodel</td> <td style="padding: 2px;"><input type="checkbox"/> Disconnect</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Repair/replace</td> <td></td> </tr> </table>	<input type="checkbox"/> Addition	<input type="checkbox"/> Code compliance	<input type="checkbox"/> Remodel	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Repair/replace	
<input type="checkbox"/> Addition	<input type="checkbox"/> Code compliance							
<input type="checkbox"/> Remodel	<input type="checkbox"/> Disconnect							
<input type="checkbox"/> Repair/replace								
Mechanical item(s) – check all that apply								
<input type="checkbox"/> Air conditioner <input type="checkbox"/> Boiler <input type="checkbox"/> Chimney/flue <input type="checkbox"/> Ductwork <input type="checkbox"/> Factory fireplace	<input type="checkbox"/> Furnace <input type="checkbox"/> Piping – gas <input type="checkbox"/> Piping – medical <input type="checkbox"/> Piping – oil <input type="checkbox"/> Piping – steam/hot water	<input type="checkbox"/> Refrigeration <input type="checkbox"/> Rooftop unit <input type="checkbox"/> Space/unit heater <input type="checkbox"/> Temporary heating unit <input type="checkbox"/> Ventilation						
<input type="checkbox"/> Minor appliance <input type="checkbox"/> Stove <input type="checkbox"/> Dryer <input type="checkbox"/> Gas log <input type="checkbox"/> Other _____								
Specific description of work to be completed								

Permit will become void one year from date of issuance. Permits issued and inspections made by the city are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park regulating building construction.

Applicant name and signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

 Permit #: \_\_\_\_\_ Fee: \_\_\_\_\_ Ck#: \_\_\_\_\_ CC:  Cash:   
 Entered: \_\_\_\_\_ Zoning app/date: \_\_\_\_\_ Building app/date: \_\_\_\_\_ Issued: \_\_\_\_\_

Mechanical permit fees	Conditions of issuance
Mechanical permit fee: _____	
State surcharge: _____	
Investigation fee: _____	
<b>Total fees due:</b> _____	

Required inspections		
<input type="checkbox"/>		Default
<u>Add</u>	<u>Delete</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Consultation
<input type="checkbox"/>	<input type="checkbox"/>	Final
<input type="checkbox"/>	<input type="checkbox"/>	No inspection required
<input type="checkbox"/>	<input type="checkbox"/>	Orsat
<input type="checkbox"/>	<input type="checkbox"/>	Plan review
<input type="checkbox"/>	<input type="checkbox"/>	Pressure test
<input type="checkbox"/>	<input type="checkbox"/>	Rough-in
<input type="checkbox"/>	<input type="checkbox"/>	Trench