



Mechanical Permit Application

Community Development Department

Building Inspections Division

5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 488-6379 / Fax: (763) 493-8171
6/17 www.brooklynpark.org

GOVERNMENT DATA PRACTICES ACT - TENNESSON WARNING:

The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide this data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Address/Tenant Name: _____ Date: _____

Contractor/Applicant Name: _____ License # _____

Address: _____ Phone # _____

Applicant is: Owner _____ Contractor _____ Other _____

Permit Type: Residential _____ Commercial _____

Work Type: New _____ Replacement _____ Repair _____ Alteration _____

Fuel Type: Gas _____ LP _____ Electric _____ Wood _____ Oil _____

System Type: HVAC _____ Refrigeration _____ Gas Piping _____ Fireplace _____

Manufacturer: _____ Model# _____ Flue Size _____ (BTU) _____

Valuation of work: \$ _____ Work Description: _____

<u>Computation of Fees:</u>	<u>\$Amount / Fee</u>	<u>Subtotal</u>
New single family home heating/cooling	\$200.00 (fixed fee)	\$ _____
\$1.00 to \$2500.00 valuation	\$50.00(fixed fee)	\$ _____
\$2501.00 to \$50,000 valuation	2% of valuation	\$ _____
\$50,001.00 and up	\$1000.00 + 1% of valuation in excess of \$50,000	\$ _____
State Surcharge:	\$1.00 if permit fee is fixed fee .0005 X permit valuation up to \$1,000,000 (min \$.50)	\$ _____
Plan Review Fee: (When submittal documents are required)	10% of permit fee	\$ _____
Total		\$ _____

Payment method: Cash Check Credit Card

I hereby apply for a mechanical permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances of the City of Brooklyn Park and with the Minnesota State Building Code; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Applicant Email Address Required: _____

Print Name _____ Signature _____

Office Use:

Required Inspections: Rough-in _____ Final _____ Air Test _____ ORSAT _____

Approvals Required: Fire _____ Planning _____ O&M _____ Other _____

Permit Approved By: _____ Date: _____ Permit # _____