

**City of Centerville
MECHANICAL PERMIT APPLICATION**

Job Site Address: _____ Permit #: _____

Project Valuation: \$ _____ The Applicant is: Owner & Occupant Contractor
(must include material and labor costs ~ commercial only)

PROPERTY OWNER

Name: _____ Contact Person: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email Address: _____

CONTRACTOR

Name: _____ Contact Person: _____

Address: _____
Number and Street Name City State Zip

Phone: _____ Cell: _____ Mech. Bond Cert. #: _____

Email Address: _____ Fax #: _____

PERMIT TYPE

- Residential
- Commercial
- Other (specify) _____

TYPE OF WORK

- New
- Replacement
- Remodel
- Other (specify) _____

MECHANICAL ITEMS

Please Indicate Number of Each Item:

_____ Air Conditioner	Mfg.: _____	Model #: _____
_____ Bath Fan	Mfg.: _____	Model #: _____
_____ Chimney/Flue		
_____ Ductwork/Ventilation		
_____ Fireplace - Gas	Mfg.: _____	Model #: _____
_____ Fireplace - Gas Insert	Mfg.: _____	Model #: _____
_____ Furnace	Mfg.: _____	Model #: _____
_____ HRV	Mfg.: _____	Model #: _____
_____ Refrigeration	Mfg.: _____	Model #: _____
_____ Roof Top Unit	Mfg.: _____	Model #: _____
_____ Space/Unit Heater	Mfg.: _____	Model #: _____
_____ Steam/Hot Water	Mfg.: _____	Model #: _____
_____ Wood Burning Unit	Mfg.: _____	Model #: _____
_____ Other (specify) _____	_____	_____

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances/codes and laws of the City of Centerville.

Periodic and/or a final inspection of this work is required by the Minnesota State Building Code. It is the responsibility of the applicant to contact the City of Centerville Inspections Department at (651) 429-4750 to schedule and inspection.

Applicant's Signature: _____

Date: _____

Fees are on the reverse of this form

Created 2/4/2011

RESIDENTIAL FEES

Total Mechanical Units _____ X \$20.00 = Fee: \$ _____
State Surcharge: \$ _____
Permit Charge: \$ _____

Minimum Permit Amount = \$40.00 + \$1.00 State Surcharge

Maximum Permit Amount = \$140.00 + \$1.00 State Surcharge (Not to Exceed \$141.00)

Valuation (Actual cost of
installation including labor,
materials and cost of equipment
Valuation Multiplied by .0005 = X .02 or 2% = Fee: \$ _____
State Surcharge: \$ _____
Permit Charge: \$ _____

Issued by: _____

Date: _____