



PERMIT # _____
RECEIVED BY _____
DATE: _____

BUILDING DEPARTMENT
11800 TOWN CENTER DRIVE NE, SUITE 300
ST. MICHAEL, MN 55376
PHONE: (763) 497-9923
EMAIL: INSPECTIONS@STMICHAELMN.GOV

MECHANICAL / GAS PERMIT APPLICATION

SITE ADDRESS: _____ PID: _____

THE APPLICANT IS: OWNER ____ CONTRACTOR ____ OTHER ____

PROPERTY OWNER	NAME _____
	ADDRESS _____
	CITY _____ STATE ____ ZIP _____
	TELEPHONE _____

CONTRACTOR	NAME _____
	ADDRESS _____
	CITY _____ STATE ____ ZIP _____
	TELEPHONE _____ LICENSE # _____
	EMAIL _____

ENGINEER	NAME _____
	ADDRESS _____
	CITY _____ STATE ____ ZIP _____
	TELEPHONE _____ REG# _____

<u>USE TYPE</u>			
SINGLE FAMILY ____	TOWNHOME ____	COMMERCIAL ____	INDUSTRIAL ____
MULTI FAMILY ____	INSTITUTIONAL ____	OTHER ____	_____

****SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRIC, OR PLUMBING****

DETAILED DESCRIPTION OF WORK: _____

CHECK ALL LINES THAT APPLY:

_____ A/C	_____ DUCT WORK	_____ RANGE/OVEN
_____ AIR EXCHANGER	_____ FURNACE	_____ REFRIGERATION
_____ CLASS I HOOD	_____ BOILER	_____ RTU
_____ CLASS II HOOD	_____ IN FLOOR HEAT	_____ TEMPORARY HEAT
_____ COMMERCIAL KITCHEN	_____ POOL HEATER	_____ UNIT HEATER
_____ OTHER _____		_____ WATER HEATER

TOTAL JOB VALUATION: \$ _____ **NUMBER OF NEW GAS LINES** _____

PERMIT FEE \$ _____ RESIDENTIAL - 1 1/2% TOTAL JOB VALUATION* - MIN. OF \$75.00
COMMERCIAL - VALUATION WITH A MINIMUM OF \$175.00

PLAN REVIEW \$ _____

PENALTY \$ _____

SURCHARGE \$ _____ .0005 x TOTAL JOB VALUATION

TOTAL DUE \$ _____

THIS IS AN APPLICATION FOR A PERMIT—IT IS NOT VALID UNTIL PROCESSED

I HEREBY APPLY FOR A MECHANICAL PERMIT, AND I ACKNOWLEDGE THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THE WORK FOR WHICH THE PERMIT ISSUED SHALL BE PERFORMED ACCORDING TO; (1) THE CONDITIONS OF THE PERMIT; (2) THE APPROVED PLANS AND SPECIFICATIONS; (3) THE APPLICABLE CITY APPROVALS, ORDINANCES, AND CODES; AND, (4) THE STATE BUILDING/MECHANICAL CODES AND REGULATIONS.

I UNDERSTAND THE PERMIT WILL EXPIRE, AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, I AM RESPONSIBLE FOR ENSURING ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING CODE.

NAME OF APPLICANT _____ DATE: _____
PLEASE TYPE OR PRINT

SIGNATURE OF APPLICANT _____