



PERMIT # \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

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

### GAS FIREPLACE PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_ PID: \_\_\_\_\_

THE APPLICANT IS:            OWNER \_\_\_\_ CONTRACTOR \_\_\_\_ OTHER \_\_\_\_

<b>PROPERTY OWNER</b>	NAME _____
	ADDRESS _____
	CITY _____ STATE ____ ZIP _____
	TELEPHONE _____

<b>MECHANICAL CONTRACTOR</b>	NAME _____
	ADDRESS _____
	CITY _____ STATE ____ ZIP _____
	TELEPHONE _____ LICENSE # _____

<b>GAS CONTRACTOR</b>	NAME _____
	ADDRESS _____
	CITY _____ STATE ____ ZIP _____
	TELEPHONE _____ REG# _____

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

NEW ____	ADDITION ____	ALTER/REPLACE ____	REPAIR ____	OTHER ____
----------	---------------	--------------------	-------------	------------

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

TYPE OF APPLIANCE: \_\_\_\_\_

**GAS SIZING** \_\_\_\_\_ L.P. \_\_\_\_\_ NATURAL \_\_\_\_\_ OTHER FUEL

<b>NUMBER OF OPENINGS</b>	<b>METER PSI</b>	<b>TOTAL BTU INPUT LOAD</b>	<b>REGULAR TYPE AND SIZE</b>

ALL FEES ARE BASED ON VALUATION, INCLUDING COST OF LABOR AND MATERIALS..

**TOTAL JOB VALUATION: \$** \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_ 1 1/2% OF TOTAL JOB VALUATION\* - MINIMUM OF \$75.00.  
\*SEPARATE GAS PERMIT REQUIRED IF GAS WORK IS BEING PERFORMED BY ANOTHER CONTRACTOR.

PLAN REVIEW FEE \$ \_\_\_\_\_

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 \_\_\_\_\_