

City of Elk River

Fire and Building Safety Division (FABS)

FIREPLACE
(Residential Only)
Building Permit Application

Office Use Only

Notes __ Scan

Permit Total

Date _____ Permit # _____ PID # _____ \$ 76

Site Address _____ Suite/Unit _____

Structure Type Single Family Townhouse Multi-family Garage Outbuilding Shed

Construction Type New Addition Remodel Repair Alter. Other _____

The Applicant Is Owner Contractor Other _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor

Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Fax # _____ Email _____

Call for credit card payment Email permit/receipt *(All permits with plans will need to be picked up)*

Describe Work _____

Please complete other side of application

Inspector Use Only

Approved for issued by: _____ Date: _____

Hard Card or Soft Card Soft card reference permit # _____

Called or L/M Date: _____ Int: _____

Please check box that applies:

- Gas Fireplace
- Wood Fireplace
- Masonry Fireplace
- Stove (circle one) Wood / Gas / Pellet
- Other _____

If gas piping will be done by others indicate:

Name _____ State Mechanical Bond # _____

Address _____ Phone _____

Total Job Valuation \$ _____

This is an application for a permit – it is not valid until processed

I hereby apply for a fireplace permit, and I acknowledge that the information above is complete and accurate; that I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that 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 that 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 any time after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

Signature of Contractor/Responsible Party

Print Name

Date

Signature of Property Owner

Print Name

Date

