



Fire and Building Safety (FABS)

City of Elk River
13065 Orono Pkwy. NW
Elk River, MN 55330

**Inspection scheduling:
763.635.1060**

ERFD.FABS@ElkRiverMN.gov

City of Elk River

Fire and Building Safety Division (FABS)

MECHANICAL

Permit Application

Office Use Only

Notes - Scan

Permit Total

Date _____ Permit # _____ PID # _____ \$ _____

Site Address _____ Suite/Unit _____

Structure Type Single Family Multi-family Townhouse Commercial/Industrial Institutional

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 _____ (Print Clearly)

Fax # _____ Email _____

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

Architect / Engineer

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

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. _____

Detailed description of work

Please check all boxes that apply

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> A/C | <input type="checkbox"/> Class II Hood | <input type="checkbox"/> Fireplace (Commercial only) | <input type="checkbox"/> Radiant Heater |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Combustion Air | <input type="checkbox"/> Furnace | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Air to Air Exchanger | <input type="checkbox"/> Dryer Venting | <input type="checkbox"/> Heat Pump Appliance | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Class 1 Hood | <input type="checkbox"/> Duct Work | <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Unit Heater |
| <input type="checkbox"/> Other _____ | | | |

Fill all the appropriate boxes below

Make	Model #	Heat Loss/Gain	Fuel	Flue Diameter	Input (BTU)	CFM	Tons	Hp

Gas Piping

Please check all boxes that apply:

- | | | | |
|---------------------------------|------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Gas Main | <input type="checkbox"/> Unit Heater |
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Furnace | <input type="checkbox"/> Range | <input type="checkbox"/> Other _____ |

If gas piping will be done by others indicate: Name _____

Address _____ Phone _____

Which appliances _____

State Mechanical Bond # _____

All fees are based on valuation, including cost of labor and materials. The minimum fee is \$45 + state surcharge.

Total Job Valuation \$ _____

Permit Fee \$ _____ (1 1/2 % of Total Job Valuation – minimum of \$45)

Surcharge \$ _____ (.0005 x Total Job Valuation)

Total Due \$ _____ (If mailing payment make checks payable to City of Elk River)

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

I hereby apply for a Mechanical 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.

Name of applicant (please type or print) _____ Date _____

Signature of applicant _____