

# City of St. Louis Park

## Mechanical Permit Application

Job Site Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Zip \_\_\_\_\_

Project Valuation: \$ \_\_\_\_\_ The Applicant Is:  Owner and Occupant  Contractor  
*(must include fair market value of material and labor costs)*

### Property Owner

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

### Contractor

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ License # \_\_\_\_\_

Property Use	Type of Structure	Type of Work						
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Public	<input type="checkbox"/> Principal Building <input type="checkbox"/> Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temporary Building <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other _____	<input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Addition</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Disconnect</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Alteration</td> <td style="border: none;"><input type="checkbox"/> Code Compliance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Remodel</td> <td style="border: none;"><input type="checkbox"/> Repair / Replace</td> </tr> </table>	<input type="checkbox"/> Addition	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Alteration	<input type="checkbox"/> Code Compliance	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair / Replace
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<input type="checkbox"/> Alteration	<input type="checkbox"/> Code Compliance							
<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair / Replace							

### Mechanical Item(s) *(indicate quantity for each)*

___ Air Conditioner	___ Other-See Remarks	___ Space / Unit Heater	___ Ventilation
___ Boiler	___ Piping- Gas	___ Steam/ Hot Water	___ Warm Air Heating
___ Chimney / Flue	___ Piping- Medical	___ Temporary Heating Unit	___ Minor Appliance
___ Ductwork	___ Piping- Oil	___ Tank-Above Ground	___ Stove
___ Factory Fireplace	___ Refrigeration	___ Tank- Below Ground	___ Dryer
___ Furnace	___ Rooftop Unit	___ Pool / Spa /Hot Tub	___ Gas Log

### Specific Description of Work to be Completed

Permit becomes void if work does not begin within 180 days or if suspended at any time over the 180 days. Permits issued and inspection made by the City are a public service and do not constitute any representation, guarantee or warrant, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park regulating building construction.

Some or all of the information that you are asked to provide on the application is classified by State law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is annually to update our records and records of other governmental agencies required by law. If you refuse to supply the information, the permit may not be issued.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

#### For Office Use Only

Permit # \_\_\_\_\_ Called \_\_\_\_\_ Ck \_\_\_\_\_ CC  CH   
 Entered \_\_\_\_\_ Zoning App/Date \_\_\_\_\_ Building App/Date \_\_\_\_\_ Issued \_\_\_\_\_

Mechanical Permit Fees	Conditions of Issuance
Mechanical Permit Fee: _____	_____
State Surcharge: _____	_____
Investigation Fee: _____	_____
<b>TOTAL FEES DUE:</b> _____	_____
	_____
	_____

Required Inspections		
<input type="checkbox"/>	Default	
<u>Add</u>	<u>Delete</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Consulation
<input type="checkbox"/>	<input type="checkbox"/>	Final
<input type="checkbox"/>	<input type="checkbox"/>	Orsat
<input type="checkbox"/>	<input type="checkbox"/>	No Insp. Req'd
<input type="checkbox"/>	<input type="checkbox"/>	Rough-In
<input type="checkbox"/>	<input type="checkbox"/>	Pressure Test
<input type="checkbox"/>	<input type="checkbox"/>	Trench

City of St. Louis Park  
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