



**Development Review
Customer Service Center**
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Minneapolis, MN 55415 – 1316
Office 612-673-3000 or 311
Fax 612-370-1416
TTY 612-673-2157
www.minneapolismn.gov/mdr

<i>Office Use Only</i>	
Routing# _____	T# _____
Amount\$ _____	Permit# _____
Development Coordinator _____	Date _____
Signature	Date

MECHANICAL DVO C'ARRNECVKQP

JOB ADDRESS (PLEASE INCLUDE BLDG. #, STREET NAME & DIRECTION & BLDG. NAME IF KNOWN)
OWNER / OCCUPANT AND PHONE NUMBER

TYPE OF WORK TO BE DONE: CONST___ INSTALL___ REPLACE___ ALTER___ REPAIR___ VALUE OF WORK \$ _____

WORK TO BE DONE WILL INCLUDE (CHECK ALL THAT APPLY)		
√	TYPE OF WORK	VALUE OF WORK
<input type="checkbox"/>	HIGH PRESSURE STEAM	\$
<input type="checkbox"/>	LOW PRESSURE STEAM	\$
<input type="checkbox"/>	HOT WATER	\$
<input type="checkbox"/>	GAS PIPING / GAS VENTING	\$
<input type="checkbox"/>	SOLAR HEAT	\$
<input type="checkbox"/>	VENTILATION / WARM AIR	\$
<input type="checkbox"/>	CHILLED WATER	\$
<input type="checkbox"/>	REFRIGERATION / AIR CONDITIONING	\$
<input type="checkbox"/>	OIL BURNERS	\$
<input type="checkbox"/>	FACTORY BUILT FIREPLACE OR CHIMNEY	\$

TYPE OF EQUIPMENT	
LOW TEMP. REFRIGERATION	
@	BTU
GAS BURNERS	
@	BTU
@	BTU
@	BTU
TEMPORARY GAS HEATERS	
MIN BASE FEE PER/PERMIT	NO. of Htrs.

DESCRIPTION OF WORK: INCLUDE LOCATIONS OR FLOOR NUMBERS IF MULTI-STORY BLDG. LIST TYPE AND CAPACITY OF EACH PIECE OF EQUIPMENT BEING INSTALLED.	PERMIT FEE CALCULATION	
	VALUE OF WORK FEE	\$
	REFRIG. OR BURNER FEE	\$
	MN STATE SURCHARGE	\$
	TOTAL PERMIT FEE	\$

I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license. Homeowners shall not hire unlicensed persons to perform work under any building, electrical, mechanical or plumbing permit.

SIGNATURE:	DATE:
COMPANY NAME:	CONTRACTOR LICENSE #:
COMPANY ADDRESS:	CONTACT PERSON:
CITY: STATE: ZIP CODE:	CONTACT PHONE #:
EMAIL:	

MAKE CHECKS PAYABLE TO: MINNEAPOLIS FINANCE DEPARTMENT, OR CHARGE TO

5 @@A5>CF 7F98 #1	75F8G5779DH98	577CI BH#	7JJ	EXP DATE: Mo ___ Yr ___
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