



MECHANICAL PERMIT APPLICATION

CITY OF LAKEVILLE
 BUILDING INSPECTIONS DEPARTMENT
 20195 HOLYOKE AVENUE
 LAKEVILLE, MN 55044
 952-985-4440

www.lakevillemn.gov

Submit to: permits@lakevillemn.gov

Office Use Only

Permit Number

Received By

Date Received

Permit Fee

DATE _____ YOUR E-MAIL ADDRESS _____

SITE ADDRESS _____

TENANT _____ SUITE NO. _____

THE APPLICANT IS: RESIDENT OWNER CONTRACTOR

RESIDENT OWNER	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ DAYTIME PHONE # WHERE YOU CAN BE REACHED _____		
CONTRACTOR <small>Company Name must be as listed on State Bond</small>	COMPANY NAME _____ BOND #: _____ EXPIRATION DATE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ OFFICE PHONE # _____ FAX # _____ CONTACT NAME _____ PHONE _____		
PERMIT TYPE	COMMERCIAL ONLY	RESIDENTIAL ONLY	
	NEW HVAC SYSTEM AIR CONDITIONER REFRIGERATION GAS PIPING VENTILATION FIREPLACE ADDN/REPAIR/REPLC IN FLOOR WATER HEAT MISC	FURNACE FURNACE/AIR COND AIR COND GARAGE HEATER FIREPLACE GAS PIPING	VENTILATION MISC ADDN/REPAIR/REPLC IN FLOOR WATER HEAT BOILER REPLC
		<i>Residential Permits Available on-line</i>	
TYPE OF WORK	NEW REPAIR	ADDITION REPLACE	ALTER / REMODEL DEMOLITION

JOB DESCRIPTION: _____

SYSTEM MAKE: _____ **SYSTEM SIZE:** _____

RESIDENTIAL FEES: \$40.00 + State Surcharge (\$1.00)

COMMERCIAL FEES:

JOB COST: \$ _____

1-1/2% of contract cost up to \$10,000 _____

1% of cost above \$10,000 plus surcharge + _____

(Surcharge = Contract Cost x .0005) + _____

TOTAL = _____

Example: \$12,000 Job Cost

\$10,000.00 x 1.5% = \$150.00

\$ 2,000.00 x 1% = + 20.00

\$12,000 x .0005 = + 6.00

= 176.00

Minimum of \$40.00 + State Surcharge (\$1.00)

I hereby apply for a mechanical permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Lakeville and with the Minnesota Mechanical Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

NAME OF APPLICANT (Please Print): _____ **Date:** _____

SIGNATURE OF APPLICANT: _____

PLEASE NOTE: SEPARATE PERMITS ARE REQUIRED FOR ANY BUILDING, PLUMBING & ELECTRICAL WORK

OFFICE USE

SYSTEM TYPE:

- _____ NEW
- _____ ADDITION
- _____ REPLACE
- _____ ALTER/REMODEL
- _____ REPAIR
- _____ DEMOLITION
- _____

REQUIRED INSPECTION:

- _____ CAPTURE & CONTAINMENT FINAL
- _____ DUCT SMOKE DETECTOR TESTING
- _____ FIREPLACE FRAME
- _____ FIRE/FIRE SMOKE DAMPER TESTING
- _____ FINAL
- _____ GAS TEST
- _____ ROUGH IN

PERMIT FEE

HEATING PERMIT FEE: \$ _____
SURCHARGE: \$ _____
OTHER: _____ \$ _____
TOTAL: \$ _____

ISSUED BY: _____ DATE: _____
