

# Commercial Mechanical Permit Application

*City of Maple Grove*

12800 Arbor Lakes Pkwy, P.O. Box 1180, Maple Grove, MN 55311

CONTACT NUMBERS:

Becky Roy, Administrative Assistant 763-494-6062, Larry Huff, Plans Examiner 763-494-6080

Job Site Address: \_\_\_\_\_ Suite/Unit# \_\_\_\_\_

(application must contain a complete and accurate address)

Total Project Valuation: \$ \_\_\_\_\_ Tenant: \_\_\_\_\_

## Property Owner

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

## Contractor

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

## Type of Work

New

Interior Finish

Repair

**HVAC** -  Heating  Ventilation  Gas Piping  Refrigeration

Hydronic Piping  Other (please explain) \_\_\_\_\_

**2 COPIES OF THE PLANS ARE REQUIRED**

**PLAN REVIEW PROCESS IS 3-5 DAYS**

**\*\*Plans Must be Signed by a State of MN Registered Professional \*\***

**Specific Description of Work to be Completed**

Permit becomes void if the work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, 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 had been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Maple Grove.

Periodic and/or final inspection of this work is required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Maple Grove Inspection Division at 763-494-6060 to schedule an inspection.

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

(see next page for payment option)

**Commercial HVAC Fee Schedule**

**COMMERCIAL**

2% of contract value up to \$10,000. Contract value more than \$10,000 is \$200 for the first \$10,000 plus 1.5% of the contract amount over \$10,000.

Contract value \$2,500 or less - \$50.00. \*Plus State Surcharge to be calculated at .0005 x value.

**\*\*State surcharge is required on each of the above mentioned permits. Commercial state surcharge is calculated at .0005 x value.**

All commercial permit applications must be accompanied by a copy of the contract.

**Fee Calculations:**

Contract Amount \_\_\_\_\_ x 2% = \_\_\_\_\_ (\$50.00 minimum)

(\$10,000 or less)

State Surcharge \_\_\_\_\_

**Total** \_\_\_\_\_

**OR**

\$200.00 for 1<sup>st</sup> \$10,000 plus 1.5% x \_\_\_\_\_ (amount over 10,000 )= \_\_\_\_\_

\*\*State Surcharge .0005 x value \_\_\_\_\_

**Total** \_\_\_\_\_

**Payment Option:** \_\_\_\_\_ **Check** or \_\_\_\_\_ **Credit Card**

(MasterCard , VISA or Discover )

**Use this half page for credit card information only.**  
**This will be destroyed after the permit has been processed.**

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to yourself and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

This form will be destroyed once payment is received.

**TO PAY BY**  
Credit Card

**VISA**  
**MASTERCARD**  
**Or**  
**Discover**

**Name as it appears on credit card:** \_\_\_\_\_

**Type of credit card:**  VISA  MasterCard  Discover (we do not accept American Express)

**Account Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_