



Commercial Mechanical/Fuel Gas Permit Application

City of Maple Grove

Fax 763-494-6417 Phone 763-494-6062
12800 Arbor Lakes Pkwy, P.O. Box 1180
Maple Grove, MN 55311

For Office Use Only

Permit # _____

Permit Cost _____

Date Received _____

Job Site Address: _____ Suite/Unit #: _____

Tenant: _____

Property Owner/General Contractor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Contractor

Company Name: _____ Mechanical Bond #: _____

Contact Person: _____ Email Address: _____

Address: _____ Contact Phone #: _____

City: _____ State: _____ Zip: _____ Office Phone #: _____

Work Type

<input type="checkbox"/> New	<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair
<input type="checkbox"/> Heating	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Gas Piping	<input type="checkbox"/> Refrigeration
<input type="checkbox"/> Hydronic Piping	<input type="checkbox"/> Medical Gas	<input type="checkbox"/> Other (please explain in description of work)	

Brief Description of Work:

Estimated Value of Work Performed \$ _____

I hereby apply for a mechanical permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

Signature of Applicant/Date Submitted

Submittal Checklist:

2 Copies of the plans are required. Plans must be signed by a State of MN Registered professional.

**** Plan review process is 3-5 days****

Permit Ready for Pick-Up/Mail:

Please call email me to pick up the plans and permit

Payment submitted; please mail permit and plans.

Payment Submitted:

Check

Credit Card Discover Mastercard Visa

****Please Note: Permit fee of \$1,000 or more must be paid by check.**

Fee Calculation:

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.

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

Contract Amount: _____ x 2% = _____ (\$50 minimum)

Or

\$200 for 1st \$10,000 plus 1.5% x _____ (amount over \$10,000) = _____

Plus State Surcharge _____

Total _____

Signature _____ Date _____