

DATE RECEIVED: _____

Please Note	For New Construction, All Heating and Cooling Permit Applications <u>MUST</u> Submit a Heat Loss / Gain Calculation.		
APPLICANT	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	Email: _____
SITE ADDRESS	_____		
PROPERTY OWNER / TENANT	Name: _____ Phone: _____ Address _____ City: _____ State: _____ Zip: _____		
CONTRACTOR Note: A City License is required	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____		
PROPERTY TYPE	<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Multi-Family <input type="checkbox"/> Other
TYPE OF WORK Please select all that apply	<input type="checkbox"/> Alteration / Remodel	<input type="checkbox"/> New Installation / Construction	<input type="checkbox"/> Replacement
	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Boiler <input type="checkbox"/> Class I Hood <input type="checkbox"/> Class II Hood <input type="checkbox"/> Commercial Kitchen	<input type="checkbox"/> Ductwork <input type="checkbox"/> Furnace <input type="checkbox"/> Gas Dryer <input type="checkbox"/> Gas Piping <input type="checkbox"/> Gas Unit Heater	<input type="checkbox"/> Roof Top Unit (RTU) <input type="checkbox"/> Refrigeration <input type="checkbox"/> Steam / Hot Water Heater <input type="checkbox"/> Swimming Pool / Heater <input type="checkbox"/> Other
DESCRIPTION OF WORK / EQUIPMENT	_____		
VALUATION Labor and Materials	\$ _____	All Fees are Based on a Valuation. The City of Columbia Heights uses an amended version of the 1997 U.B.C. Fee Schedule.	

THIS IS AN APPLICATION FOR A PERMIT - NOT VALID UNTIL PROCESSED

I hereby apply for a building 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 Columbia Heights and with the Minnesota Construction 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.

PRINT NAME: _____ **DATE:** _____

SIGNATURE OF APPLICANT: _____

PERMIT FEE:	\$ _____	Based on valuation-- (Call for a Quote) 763-706-3670—Minimum fee of \$35
PLAN REVIEW:	\$ _____	
SURCHARGE:	\$ _____	(0.0005) Times the Job Valuation
SAC CHARGE:	\$ _____	
CONTRACT LICENSE:	\$ _____	
TOTAL DUE:	\$ _____	Make Checks Payable to the City of Columbia Heights