

MECHANICAL PERMIT APPLICATION: RESIDENTIAL

590 40th Avenue NE, Columbia Heights, MN 55421 ▪ PH: 763-706-3670 ▪ www.columbiaheightsmn.gov

**COMMUNITY
DEVELOPMENT**

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"/> Single Family	<input type="checkbox"/> Double / Duplex	<input type="checkbox"/> Townhouse
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 \$25 <input type="checkbox"/> Air to Air Exchanger \$15 <input type="checkbox"/> Boiler \$50 <input type="checkbox"/> Chimney Liner \$10 <input type="checkbox"/> Duct Work \$10	<input type="checkbox"/> Fireplace (Gas) \$50 <input type="checkbox"/> Fireplace (Wood) \$50 <input type="checkbox"/> Furnace \$50 <input type="checkbox"/> Gas Dryer \$10 <input type="checkbox"/> Gas Piping \$10	<input type="checkbox"/> Gas Range, Oven, or Grill \$10 <input type="checkbox"/> Gas Unit Heater \$10 <input type="checkbox"/> Radon Mitigation \$50 <input type="checkbox"/> Swimming Pool / Heater \$10 <input type="checkbox"/> Other (Bath Fans) \$10
DESCRIPTION OF WORK / EQUIPMENT	_____		

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:	\$ _____	Fees are noted above with a Minimum Fee of \$35.00
PLAN REVIEW:	\$ _____	
SURCHARGE:	\$ _____	\$1.00 State Surcharge Fee
SAC CHARGE:	\$ _____	
CONTRACT LICENSE:	\$ _____	
TOTAL DUE:	\$ _____	Make Checks Payable to the City of Columbia Heights