



City of Brooklyn Center
 Community Development
 6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199
 Ph: (763)569-3300 TTY 711 Fax: (763)569-3360
www.cityofbrooklyncenter.org

**Mechanical Permit
 Application**
Permit No: _____

Site Address _____ Date of Application: _____
 Tenant Name & Contact (For Commercial Only) _____
 Applicant is: Contractor Owner

Property Owner	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____
Mechanical Contractor City Issued License Required	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Contact Person _____ Email _____ Company Phone _____ License No. _____
Mechanical Engineer <i>A mechanical engineer must design all commercial installations.</i>	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Contact Person _____ Email _____ Company Phone _____ Registration No. _____

Description of work: _____

Does the work include equipment or areas used for food handling, storage or dispensing? _____
Valuation of Work Performed:

The undersigned acknowledges that this application has been read and that the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.

Applicant Name _____ Signature: _____
 (Please Print)



Permits must be submitted in person or mailed. Permits will not be accepted via e-mail or fax.

City Staff Use Only

Property Use	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
Permit Sub Type	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Ductwork <input type="checkbox"/> Furnace/Boiler <input type="checkbox"/> Furnace & A/C <input type="checkbox"/> Gas Fireplace	<input type="checkbox"/> Gas Piping <input type="checkbox"/> Refrigeration <input type="checkbox"/> Roof Top Units <input type="checkbox"/> Ventilation <input type="checkbox"/> Undefined	<input type="checkbox"/> Above Ground Tank Install <input type="checkbox"/> Above Ground Tank Removal <input type="checkbox"/> Inground Tank Install <input type="checkbox"/> Inground Tank Removal <input type="checkbox"/> Fuel Tanks
Work Type	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Demolish/Remove	<input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Repair/Replace <input type="checkbox"/>	
Required Inspections	<input type="checkbox"/> Final <input type="checkbox"/> Fuel Piping <input type="checkbox"/> Gas/Air Test	<input type="checkbox"/> Footing <input type="checkbox"/> ORSAT <input type="checkbox"/> Partial <input type="checkbox"/> Progress Check	<input type="checkbox"/> Roughin Ductwork <input type="checkbox"/> Roughin Mechanical <input type="checkbox"/> Roof Top Unit Screening <input type="checkbox"/> System Balance Report

Permit Fee (Based on 2% Valuation of Work):

1.	<u>Valuation</u>		
	Up to \$500	(Minimum Fee \$25)	<u>\$25.00</u>
	\$500 to \$50,000	(\$25 plus 2% of Value Over \$500)	_____
	Over \$50,000	(\$1,025 plus 1% of Value Over \$50,000)	_____
2.	New Gas Pipe Fitting		
	1 to 3 fixtures (2" pipe or less)	\$ 5.75 each	_____
	Additional openings (2" or less)	\$ 2.50 each	_____
	1 to 3 fixtures (Over 2" pipe)	\$15.00 each	_____
	Additional openings (Over 2")	\$ 3.25 each	_____
	Residential Boiler/Fireplace up to 4 units	\$60	_____
	Residential Gas Stove/Dryer up to 4 units	\$60	_____
3.	Mechanical Plan Review 65% Base Permit Fee		_____
	<i>(Only when submitted without a building permit)</i>		_____
	Permit Subtotal		_____
3.	State Surcharge		
	(Permit Valuation X .0005)		_____
TOTAL PERMIT FEE			\$ _____

Special Conditions/Remarks: _____

Required Approvals:	Signature	Date
Building Official/Inspector		
Engineering/Public Works		
Entered By		

