



City of Brooklyn Center

Building & Community Standards
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 section with fields for Name, Address, City, State, Zip Code, Phone, and Email.

Mechanical Contractor section with fields for Company Name, Address, City, State, Zip Code, Contact Person, Email, Company Phone, and License No.

Mechanical Engineer section with fields for Company Name, Address, City, State, Zip Code, Contact Person, Email, Company Phone, and Registration No. Includes note: 'A mechanical engineer must design all commercial installations.'

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

			Tank Removal/Installation
<b>Permit Sub Type</b>	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Ductwork <input type="checkbox"/> Furnace <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
<b>Work Type</b>	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Demo/Move	<input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Repair <input type="checkbox"/> <b>Replace</b>	<input type="checkbox"/> Tenant Finish <input type="checkbox"/> Undefined
<b>Required Inspections</b>	<input type="checkbox"/> Final <input type="checkbox"/> Fuel Piping <input type="checkbox"/> Gas/Air Test <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):

<b>1.</b>	<b><u>Valuation</u></b>		
	<b>Up to \$500</b>	<b>(Minimum Fee \$25)</b>	<b><u>\$25.00</u></b>
	<b>\$500 to \$50,000</b>	<b>(\$25 plus 2% of Value Over \$500)</b>	_____
	<b>Over \$50,000</b>	<b>(\$1,025 plus 1% of Value Over \$50,000)</b>	_____
<b>2.</b>	<b>New Gas Pipe Fitting</b>		
	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	_____
<b>3.</b>	<b>Mechanical Plan Review 65% Base Permit Fee</b>		_____
	<i>(Only when submitted without a building permit)</i>		_____
	<b>Permit Subtotal</b>		_____
<b>3.</b>	<b>State Surcharge</b>		_____
	(Permit Valuation X .0005)		_____
<b>TOTAL PERMIT FEE</b>			<b>\$ _____</b>

Special Conditions/Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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