

**City of Centerville
MECHANICAL PERMIT APPLICATION**

Job Site Address: _____ Permit #: _____

Project Valuation: \$ _____ The Applicant is: Owner & Occupant Contractor
(must include material and labor costs ~ commercial only)

PROPERTY OWNER

Name: _____ Contact Person: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email Address: _____

CONTRACTOR

Name: _____ Contact Person: _____

Address: _____
Number and Street Name _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Mech. Bond Cert. #: _____

Email Address: _____ Fax #: _____

PERMIT TYPE

- Residential
- Commercial
- Other (specify) _____

TYPE OF WORK

- New
- Replacement
- Remodel
- Other (specify) _____

MECHANICAL ITEMS

Please Indicate Number of Each Item:

_____	Air Conditioner	Mfg.: _____	Model #: _____
_____	Bath Fan	Mfg.: _____	Model #: _____
_____	Chimney/Flue		
_____	Ductwork/Ventilation		
_____	Fireplace - Gas	Mfg.: _____	Model #: _____
_____	Fireplace - Gas Insert	Mfg.: _____	Model #: _____
_____	Furnace	Mfg.: _____	Model #: _____
_____	HRV	Mfg.: _____	Model #: _____
_____	Refrigeration	Mfg.: _____	Model #: _____
_____	Roof Top Unit	Mfg.: _____	Model #: _____
_____	Space/Unit Heater	Mfg.: _____	Model #: _____
_____	Steam/Hot Water	Mfg.: _____	Model #: _____
_____	Wood Burning Unit	Mfg.: _____	Model #: _____
_____	Other (specify) _____		

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances/codes and laws of the City of Centerville.

Periodic and/or a final inspection of this work is required by the Minnesota State Building Code. It is the responsibility of the applicant to contact the City of Centerville Inspections Department at (651) 429-4750 to schedule and inspection.

Applicant's Signature: See attached email

Date

Fees are on the reverse of this form

Created 2/4/2011

		RESIDENTIAL	FEES
Total Mechanical Units	_____	X \$20.00 =	Fee: _____ State Surcharge: _____ Permit Charge: _____

Minimum Permit Amount = \$40.00 + \$1.00 State Surcharge

Maximum Permit Amount = \$140.00 + \$1.00 State Surcharge (Not to Exceed \$141.00)

		COMMERCIAL	FEES
Valuation (Actual cost of installation including labor, materials and cost of equipment)	_____	X .02 or 2% =	Fee: _____ State Surcharge: _____ Permit Charge: _____

Minimum Permit Amount = \$40.00 + \$1.00 State Surcharge

Issued by: _____

Date: _____

City of Centerville
1880 Main Street
Centerville, MN 55038
www.centervillemn.com

Telephone: (651) 429-4750
Fax: (651) 429-8629
Email: dschmitz@centervillemn.com