



## MECHANICAL PERMIT APPLICATION

CITY OF LAKEVILLE  
 BUILDING INSPECTIONS DEPARTMENT  
 20195 HOLYOKE AVENUE  
 LAKEVILLE, MN 55044  
 952-985-4440

Submit Application To: [permits@lakevillemn.gov](mailto:permits@lakevillemn.gov)

Office Use Only
_____
Permit Number
_____
Received By
_____
Date Received
_____
Permit Fee

DATE \_\_\_\_\_ YOUR E-MAIL ADDRESS \_\_\_\_\_  
 SITE ADDRESS \_\_\_\_\_  
 TENANT \_\_\_\_\_ SUITE NO. \_\_\_\_\_

THE APPLICANT IS:            RESIDENT OWNER            CONTRACTOR

<b>RESIDENT OWNER</b>	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ DAYTIME PHONE # WHERE YOU CAN BE REACHED _____		
<b>CONTRACTOR</b> <small>Company Name must be as listed on State Bond</small>	COMPANY NAME _____ BOND #: _____ EXPIRATION DATE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ OFFICE PHONE # _____ FAX # _____ CONTACT NAME _____ PHONE _____		
<b>PERMIT TYPE</b>	<b>COMMERCIAL ONLY</b> NEW HVAC SYSTEM AIR CONDITIONER REFRIGERATION GAS PIPING VENTILATION FIREPLACE ADDN/REPAIR/REPLC IN FLOOR WATER HEAT MISC	<b>RESIDENTIAL ONLY</b> FURNACE FURNACE/AIR COND AIR COND GARAGE HEATER FIREPLACE GAS PIPING  <i>Residential Permits Available on-line</i>	VENTILATION MISC ADDN/REPAIR/REPLC IN FLOOR WATER HEAT BOILER REPLC
<b>TYPE OF WORK</b>	NEW REPAIR	ADDITION REPLACE	ALTER / REMODEL DEMOLITION

JOB DESCRIPTION: \_\_\_\_\_

**SYSTEM MAKE:** \_\_\_\_\_ **SYSTEM SIZE:** \_\_\_\_\_

**RESIDENTIAL FEES:** \$40.00 + State Surcharge (\$1.00)

**COMMERCIAL FEES:**

JOB COST: \$ \_\_\_\_\_  
 1-1/2% of contract cost up to \$10,000 \_\_\_\_\_  
 1% of cost above \$10,000 plus surcharge + \_\_\_\_\_  
 (Surcharge = Contract Cost x .0005) + \_\_\_\_\_  
**TOTAL** = \_\_\_\_\_

**Example: \$12,000 Job Cost**

\$10,000.00 x 1.5% =	\$150.00
\$ 2,000.00 x 1% =	+ 20.00
\$12,000 x .0005 =	+ 6.00
<b>TOTAL</b>	<b>= 176.00</b>

**Minimum of \$40.00 + State Surcharge (\$1.00)**

I HEREBY APPLY FOR PERMIT AND ACKNOWLEDGE THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND ACCURATE. THIS IS NOT A PERMIT AND WORK IS NOT TO COMMENCE UNTIL SUCH TIME A PERMIT IS ISSUED. ALL WORK WILL COMPLY WITH LAKEVILLE CITY CODE, THE MINNESOTA STATE BUILDING CODE, AND THE APPROVED PLANS.

NAME OF APPLICANT: (Please Print)\* \_\_\_\_\_ DATE: \_\_\_\_\_

\*Entering your name affirms your intent to comply with the statement above.

**OFFICE USE**

**SYSTEM TYPE:**

- \_\_\_\_\_ NEW
- \_\_\_\_\_ ADDITION
- \_\_\_\_\_ REPLACE
- \_\_\_\_\_ ALTER/REMODEL
- \_\_\_\_\_ REPAIR
- \_\_\_\_\_ DEMOLITION
- \_\_\_\_\_

**REQUIRED INSPECTION:**

- \_\_\_\_\_ CAPTURE & CONTAINMENT FINAL
- \_\_\_\_\_ DUCT SMOKE DETECTOR TESTING
- \_\_\_\_\_ FIREPLACE FRAME
- \_\_\_\_\_ FIRE/FIRE SMOKE DAMPER TESTING
- \_\_\_\_\_ FINAL
- \_\_\_\_\_ GAS TEST
- \_\_\_\_\_ ROUGH IN
- \_\_\_\_\_ DUCT LEAKAGE TEST
- \_\_\_\_\_ CO/NO<sub>2</sub> EXHAUST SYSTEM TEST

**PERMIT FEE**

HEATING PERMIT FEE: \$ \_\_\_\_\_

SURCHARGE: \$ \_\_\_\_\_

OTHER: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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