



<b>PERMIT #</b>
Date Received:

<b>SITE ADDRESS</b>
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LEGAL DESCRIPTION	<input type="checkbox"/> FIELDSTONE	<input type="checkbox"/> SUNSET MEADOWS	LOT #: _____
<input type="checkbox"/> COLDWATER CROSSING	<input type="checkbox"/> HIDDEN CREEK	<input type="checkbox"/> OTHER	BLOCK #: _____
ADDITION: 1 2 3 4 5 6 7 8 9 10			P.I.D #: _____

OWNER	EMAIL	PHONE
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BUILDER	ADDRESS	EMAIL	PHONE
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CONTRACTOR	ADDRESS	EMAIL	PHONE
CONTRACTORS LICENSE #:			

<b>TYPE OF WORK</b>	<b>ESTIMATED VALUE</b>	<b>TYPE OF HOUSE</b>	<input type="checkbox"/> FULL BASEMENT	<input type="checkbox"/> TOWNHOME
<input type="checkbox"/> COMMERCIAL	OF WORK TO BE PERFORMED	<input type="checkbox"/> SPLIT ENTRY	<input type="checkbox"/> SPLIT LEVEL	<input type="checkbox"/> OTHER
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> WALK-OUT	<input type="checkbox"/> TWIN HOME	

<b>TYPE OF PERMIT</b>	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> DECK	<input type="checkbox"/> FENCE
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FINISH BASEMENT	<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> SHED
<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> REMODEL	<input type="checkbox"/> POOL	<input type="checkbox"/> RE-ROOF
TOTAL FINISHED AREA	<input type="checkbox"/> ADDITION	<input type="checkbox"/> SOLAR PANEL	<input type="checkbox"/> RE-SIDE
SQ FT	<input type="checkbox"/> GARAGE-ATTACHED	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> RE-WINDOW/DOOR
_____	<input type="checkbox"/> GARAGE-DETACHED	<input type="checkbox"/> OTHER	<input type="checkbox"/> PARKING PAD/DRIVEWAY EXT.

COMMENTS / SPECIAL CONDITIONS OF PERMIT

Signature of this application by legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Mayer Zoning Administrator or designee and the City of Mayer Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit.

Permit expires when building and work is not completed within 180 days from date of permit issued, or if building and work is suspended, abandoned or not inspected for 180 days.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

ZONING	<input type="checkbox"/> R-1	<input type="checkbox"/> OTHER	<input type="checkbox"/> P / I	PERMIT VALUATION	COMMENTS:
<input type="checkbox"/> IRC	<input type="checkbox"/> R-2	<input type="checkbox"/> C / I	<input type="checkbox"/> A		
<input type="checkbox"/> IBC	<input type="checkbox"/> PRD	<input type="checkbox"/> C-1	<input type="checkbox"/> C-2		
				\$ _____	

Permit Fee: \$ _____	WAC Charge: \$ _____	Check: \$ _____
Plan Check Fee: \$ _____	SAC Charge: \$ _____	
State Surcharge: \$ _____	Water Hook-up Fee: \$ _____	Receipt # _____
Site Inspection Fee: \$ _____	Sewer Hook-up Fee: \$ _____	Date _____
Plumbing Fee: \$ _____	Water Meter: \$ _____	By _____
Mechanical Fee: \$ _____	Landscape Escrow: \$ _____	Building Official _____
<b>SUB TOTAL \$</b> _____	Street Charge: \$ _____	Issued Date _____
	Misc: \$ _____	Admin/Planner/Zoning Administrator
	<b>TOTAL \$</b> _____	

## MECHANICAL INFORMATION

MECHANICAL PERMIT #	
State Bond No.	Gas Fitters License No

MECHANICAL CONTRACTOR	Name/Address/City/State/Zip/Phone	ESTIMATED VALUE
WARM AIR UNERGROUND DUCT SYSTEM: Yes ( ) No ( ) Gravity _____ Forced _____ Input B.T.U. _____ Output B.T.U. _____		AIR CONDITIONING SYSTEM Tons _____ CFM _____ Ductwork _____
Exhaust Only No of Fans _____ Size _____ Type _____ CFM Del _____ Static Pressure _____		Air Exchange Unit Type-Mixing Box _____ Heat Recovery Ventilation _____ Recovery Efficiency _____ Net Air Flows _____ Where ventilation is used/located _____
WET HEAT Baseboard _____ In-floor (wirsbo) _____ Steam _____ Hot Water _____ Gross Sq. Ft. _____ Input B.T.U. _____ New _____ Repl _____ Addition _____		GAS FITTING PERMITS Dryer ___ Water Heater ___ Furnace _____ Gas Log _____ Unit Heater _____ Fireplace _____ Stove _____ Grill _____ Other _____
Office Use Only:		Mechanical or Plumbing Comments:
Mechanical Permit Fee: \$ _____ (\$85.00 each) Mechanical Surcharge: \$ _____ Other: \$ _____ Total Mechanical Permit: \$ _____		

## PLUMBING INFORMATION

PLUMBING PERMIT #	
State Bond No.	State Plumbers License No.

PLUMBER CONTRACTOR	Name/Address/City/State/Zip/Phone	ESTIMATED VALUE
CLASS OF WORK :    New ( )            Addition ( )            Alteration ( )            Repair ( )		
Please check all that apply		
_____ Water Closet (Toilet) _____ Lavatory (Wash Basin) _____ Kitchen Sink & Disp _____ Laundry Tray _____ Water Heater _____ Urinal _____ Rough-in Future Fixture _____ Misc. Fixtures	_____ Bathtub _____ Shower _____ Dishwasher _____ Clothes Washer _____ Water Softener _____ Drinking Fountain _____ Sump	_____ Floor Sink or Drain _____ Piping/Treating Equipment _____ Catch Basin _____ Vacuum Breakers _____ Lawn Sprinkler System _____ Roof Leader-Rainwater _____ Septic Tank & Drain Field
# of fixtures (\$5.50 each): \$ _____ (minimum fee of \$85.00) State Surcharge: \$ _____ Total Plumbing Permit: \$ _____		