



PERMIT #
Date Received:

SITE ADDRESS

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 #:
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TYPE OF WORK	ESTIMATED VALUE	TYPE OF HOUSE	<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	

TYPE OF PERMIT	<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"/> ROW	<input type="checkbox"/> RE-SIDE
SQ FT	<input type="checkbox"/> GARAGE-ATTACHED	<input type="checkbox"/> SOLAR PANEL	<input type="checkbox"/> WINDOW REPLACEMENT
_____	<input type="checkbox"/> GARAGE-DETACHED	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> OTHER

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: _____ **DATE:** _____

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 _____
SUB TOTAL \$ _____	Street Charge: \$ _____	Issued Date _____
	Misc: \$ _____	Admin/Planner/Zoning Administrator
	TOTAL \$ _____	

MECHANICAL INFORMATION

MECHANICAL PERMIT #

State Bond No.

Gas Fitters License No.

MECHANICAL CONTRACTOR

Name / Address / City / State / Zip / Daytime Telephone

ESTIMATED VALUE

WARM AIR
UNDERGROUND DUCT SYSTEM: Yes () No ()
 Gravity _____ Forced _____
 Input B.T.U. _____ Output B.T.U. _____

AIR CONDITIONING SYSTEM

Tons _____ CFM _____ Ductwork _____

VENTILATION / AIR EXCHANGE

Exhaust Only

No. of Fans _____ Size _____ Type _____
 C.F.M. 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 : \$ _____
 (\$75.00 each)
 Mechanical Surcharge : \$ _____
 Other: \$ _____
Total Mechanical Permit: \$ _____

PLUMBING INFORMATION

PLUMBING PERMIT#

State Bond No.

State Plumbers License No.

PLUMBING CONTRACTOR

Name / Address / City / State / Zip / Daytime Telephone

ESTIMATED VALUE

CLASS OF WORK: () New () Addition () Alteration () Repair

Please check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Water Closet (Toilet) | <input type="checkbox"/> Bathtub | <input type="checkbox"/> Floor Sink or Drain |
| <input type="checkbox"/> Lavatory (Wash Basin) | <input type="checkbox"/> Shower | <input type="checkbox"/> Piping/Treating Equipment |
| <input type="checkbox"/> Kitchen Sink & Disp. | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Catch Basin |
| <input type="checkbox"/> Laundry Tray | <input type="checkbox"/> Clothes Washer | <input type="checkbox"/> Vacuum Breakers |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Water Softener | <input type="checkbox"/> Lawn Sprinkler System |
| <input type="checkbox"/> Urinal | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Roof Leader-Rainwater |
| <input type="checkbox"/> Rough-in Future Fixture | <input type="checkbox"/> Sump | <input type="checkbox"/> Septic Tank & Drain Field |
| <input type="checkbox"/> Misc. Fixtures | | |

of Fixtures (\$5.50 each): \$ _____ (Minimum Fee of \$75.00)
 State Surcharge: \$ _____

Total Plumbing Permit: \$ _____