



City of Anoka ~ 2015 First Avenue ~ Anoka, MN 55303
Website: www.anokaminnesota.com Phone: 763-576-2720 Email: Comdev@ci.anoka.mn.us

MECHANICAL/FUEL GAS PERMIT APPLICATION

SITE ADDRESS _____

THE APPLICANT IS: THE OWNER & OCCUPANT CONTRACTOR
 COMMERCIAL INDUSTRIAL MULTI-FAMILY RESIDENTIAL TOWNHOUSE
 NEW INSTALL REPLACEMENT

PROPERTY OWNER

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ EMAIL ADDRESS _____

CONTRACTOR:

COMPANY NAME _____ CONTACT NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ EMAIL ADDRESS _____
CONTRACTOR STATE BOND # _____ EXPIRATION DATE _____

ADDITION ALT/REMODEL BASEMENT FINISH FIREPLACE
 NEW CONSTRUCTION NEW INSTALL AT EXISTING STRUCTURE RADON REPLACEMENT

NOTE: GAS LINE TESTS ARE REQUIRED ~ APPROVED & OPERATIONAL CARBON MONOXIDE ALARMS ARE REQUIRED

PROJECT DESCRIPTION _____

ESTIMATED VALUE OF JOB INCLUDING LABOR & MATERIALS: \$ _____

JOB VALUE X 0.015 = PERMIT FEE ~ MINIMUM PERMIT FEE IS \$25.00 PERMIT FEE \$ _____

JOB VALUE X 0.0005 = SURCHARGE SURCHARGE \$ _____

WE ACCEPT VISA, MC, DSC, CHECK, OR EXACT CASH. CREDIT CARD CONVENIENCE FEE \$ _____

IF PAYING WITH CC VIA PHONE ADD \$3.25

IF PAYING FOR MORE THAN 1 APPLICATION AT THE SAME TIME, ONLY ONE CC FEE WILL BE ASSESSED.

TOTAL PERMIT FEE \$ _____

HOW DO YOU PREFER TO RECEIVE YOUR PERMIT? WILL PICK UP USPS (IF PLANS ARE LARGE, PLEASE PICK UP)

EMAIL ADDRESS: _____

THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCE GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATION CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

APPLICANT SIGNATURE _____

PRINT NAME _____ DATE _____

APPROVED BY BUILDING OFFICIAL _____ DATE _____