



# CITY OF EDINA

4801 50<sup>th</sup> Street West, Edina, MN 55424-1394

## Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379  
www.ci.edina.mn.us

**PERMIT NUMBER**  
for office use only

# Mechanical Permit Application

PRINT OR TYPE APPLICATION

### Site Information

Address \_\_\_\_\_ Suite/Unit number \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Tenant/Building name \_\_\_\_\_

Is a variance required?  Yes  No If yes, provide Planning Department case number \_\_\_\_\_

### Work Description

Proposed starting date \_\_\_\_\_ Completion date \_\_\_\_\_

1 New  2 Addition  3 Alteration  3 Remodel  4 Repair  4 Replace

Residential

Multi-family residential

Commercial/ Industrial

Schools

Churches & Religious Bldg

Hospital/ Institutional Bldg

Other Non-residential Bldg

Other Non-building Structure

City Owned

**Energy Code Compliance:**  option (a)  option (b) - submit Energy Code Worksheet with application for option (b)

Air Conditioning

Clothes Dryer Venting

Gas Piping

Res. Range Hoods

Air Handling Units

Ductwork

Hot Water Heater

Unit Heater

Boilers

Wood Fireplace/ Stove

Other

Ventilation Fans

Class A Chimney

Gas Fireplace/Stove

Refrigeration Unit

Wall Heaters

Class B Chimney

Forced Air System

**Grease Ducts/Hood - Permit application, plans and permit must be separate from other mechanical systems in the same building**

Additional description \_\_\_\_\_

### Valuation

### Applicant is

Contractor

Owner

Designer

### Contractor Information

Company Name \_\_\_\_\_ MN Contractors License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ EMail \_\_\_\_\_ Fax \_\_\_\_\_

### Designer Information

Company name \_\_\_\_\_  Architect  Engineer  Contractor

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact person name \_\_\_\_\_ MN License/Registration # \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Pgr \_\_\_\_\_ Fax \_\_\_\_\_

**COMPLETE APPLICATION ON REVERSE SIDE**

**Owner Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Pgr \_\_\_\_\_ Fax \_\_\_\_\_

**Applicant Signature**

I hereby apply for a permit and attest to the following:

- All information on this application is complete and accurate.
- All work will comply with Edina City Code and Minnesota State Building Code.
- I understand this is an application only, not a permit. Work will not start without an approved permit.
- All work will be done according to plans approved by the City of Edina when approved plans are required.
- Erosion and sediment control, when applicable, will be installed before starting work.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's printed or typed name \_\_\_\_\_

**Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant**

I certify I occupy and own the dwelling and/or own the accessory structure for which this permit application is being submitted. I further certify I will continue to reside at this dwelling after all plumbing, heating, ventilating and/or air conditioning work I install has been completed. I certify that I or my immediate family (as defined in Edina City Code, Section 440.03, Subd. 2, Exception) will install all plumbing, heating, ventilating and/or air conditioning work in accordance with all local and state regulations, and that the installer is knowledgeable with the applicable codes.

Homeowner's signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner's typed or printed name \_\_\_\_\_

**Approvals**

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Building Inspections Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_  
 Engineering Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_  
 Planning Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_  
 Health Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_  
 Fire Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_  
 Assessing Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_

**Fees**

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Permit fee  Yes  No \_\_\_\_\_  
 Plan review fee  Yes  No \_\_\_\_\_  
 State surcharge  Yes  No \_\_\_\_\_  
 Contractor license fee  Yes  No \_\_\_\_\_  
 Investigation fee  Yes  No \_\_\_\_\_  
 SAC fee  Yes  No \_\_\_\_\_ # of units \_\_\_\_\_  
 Sewer assessment  Yes  No \_\_\_\_\_  
 Water assessment  Yes  No \_\_\_\_\_  
 Park dedication fee  Yes  No \_\_\_\_\_  
 \_\_\_\_\_  
 TOTAL \_\_\_\_\_