



City of New Hope
 Community Development
 4401 Xylon Avenue North
 New Hope MN 55428

Phone: 763-531-5127
 Fax: 763-531-5136
 www.ci.new-hope.mn.us

MECHANICAL PERMIT APPLICATION

Job Address					
Owner		Address (if different than above - include City, State, Zip) Phone:			
Contractor		Address (include City, State, Zip)		Phone: Cell: Fax:	
Electrician		Address (include City, State, Zip)		Phone: Cell: Fax:	
Class of Work:	Estimated Completion Date:		Inspection Scheduled:		Heating System (01)
New Alteration Replacement			Yes No		Central Air (02)
Ventilation (03)	Gas Piping (04)	Roof Top Units (05) Number:	Infrared Heaters (06) Number:	Gas Fireplace/Insert (11)	Air Exchanger (12)
DESCRIBE WORK ABOVE (INCLUDE UNIT MAKE & MODEL IF APPLICABLE):					
VALUE OF WORK INCLUDING LABOR: \$					
<u>Fee Schedule</u>					
Under \$ 500		\$ 25.00 (Residential) \$ 40.00 (Commercial)			
501 - 1,000		\$ 25.00 plus 2.50% of amount over \$ 500 or Min Commercial			
1,001 - 5,000		\$ 35.00 plus 2.25% of amount over \$ 1,000 or Min Commercial			
5,001 - 10,000		\$ 125.00 plus 2.00% of amount over \$ 5,000			
10,001 - 25,000		\$ 225.00 plus 1.75% of amount over \$ 10,000			
25,001 - 50,000		\$ 490.00 plus 1.50% of amount over \$ 25,000			
50,001 and over		\$ 875.00 plus 1.25% of amount over \$ 50,000			
Approved by:		Required Inspections		Permit Fee:	
Date Approved:		Gas Test Orsat Rough In Final		State Surcharge: .0005 x Value of Work (\$.50 Min.)	
				Total Fees Due Upon Application:	
<u>Notice</u>				Notations:	
Separate permits are required for Electrical. This permit becomes null and void if work or construction authorized is not commenced within 180 days or work is suspended or abandoned for a period of 180 days at any time after work is commenced.					
Contractor Signature:		Date of Application:		Surety Bond #:	
				Expiration Date:	
Homeowner-Builder Signature:				Date of Application:	
Visa/MasterCard: _____		Expiration Date: ____/____			
Name (print): _____		Signature: _____			
Billing Address: _____					