



City of Brooklyn Center
Community Development
6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199
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Mechanical Permit Application

Permit No: _____

Site Address _____ Date of Application: _____

Tenant Name & Contact (For Commercial Only) _____

Applicant is: ☐ Contractor ☐ Owner

Property Owner

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____

Mechanical Contractor

City Issued
License
Required

Company Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Email _____
Company Phone _____ License No. _____

Mechanical Engineer

*A mechanical
engineer must
design all
commercial
installations.*

Company Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Email _____
Company Phone _____ Registration No. _____

Description of work: _____

Does the work include equipment or areas used for food handling, storage or dispensing? _____

Valuation of Work Performed: _____

The undersigned acknowledges that this application has been read and that the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.

Applicant Name _____ Signature: _____
(Please Print)

Permits must be submitted in person, mailed or e-mailed. Permits will not be accepted via fax.

City Staff Use Only

Property Use	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
Permit Sub Type	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Ductwork <input type="checkbox"/> Furnace/Boiler <input type="checkbox"/> Furnace & A/C <input type="checkbox"/> Gas Fireplace	<input type="checkbox"/> Gas Piping <input type="checkbox"/> Refrigeration <input type="checkbox"/> Roof Top Units <input type="checkbox"/> Ventilation <input type="checkbox"/> Undefined	<input type="checkbox"/> Above Ground Tank Install <input type="checkbox"/> Above Ground Tank Removal <input type="checkbox"/> Inground Tank Install <input type="checkbox"/> Inground Tank Removal <input type="checkbox"/> Fuel Tanks
Work Type	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Demolish/Remove	<input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Repair/Replace <input type="checkbox"/>	
Required Inspections	<input type="checkbox"/> Final <input type="checkbox"/> Fuel Piping <input type="checkbox"/> Gas/Air Test	<input type="checkbox"/> Footing <input type="checkbox"/> ORSAT <input type="checkbox"/> Partial <input type="checkbox"/> Progress Check	<input type="checkbox"/> Roughin Ductwork <input type="checkbox"/> Roughin Mechanical <input type="checkbox"/> Roof Top Unit Screening <input type="checkbox"/> System Balance Report

Permit Fee (Based on 2% Valuation of Work):

1. **Valuation**

Up to \$500	(Minimum Fee \$25)	<u>\$25.00</u>
\$500 to \$50,000	(\$25 plus 2% of Value Over \$500)	_____
Over \$50,000	(\$1,025 plus 1% of Value Over \$50,000)	_____

2. **New Gas Pipe Fitting**

1 to 3 fixtures (2" pipe or less)	\$ 5.75 each	_____
Additional openings (2" or less)	\$ 2.50 each	_____
1 to 3 fixtures (Over 2" pipe)	\$15.00 each	_____
Additional openings (Over 2")	\$ 3.25 each	_____
Residential Boiler/Fireplace up to 4 units	\$60	_____
Residential Gas Stove/Dryer up to 4 units	\$60	_____

3. **Mechanical Plan Review 65% Base Permit Fee-10100-4223**
 (Only when submitted without a building permit)

Permit Subtotal	_____
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3. **State Surcharge-10100-2355**
 (Permit Valuation X .0005)

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TOTAL PERMIT FEE \$ _____

Special Conditions/Remarks: _____

Required Approvals:	Signature	Date
Building Official/Inspector		
Engineering/Public Works		
Entered By		