



CITY OF EDINA

4801 50th Street West, Edina, MN 55424-1394
Building Inspections Department
(952) 826-0372 FAX (952) 826-0389 www.EdinaMN.gov

PERMIT NUMBER

For OFFICE USE

Mechanical Permit Application

PRINT OR TYPE APPLICATION

FOR PAPER SUBMITTALS ONLY

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
- Air Conditioning Clothes Dryer Venting Gas Piping Res. Range Hoods
 Air Handling Units Ductwork Wall Heaters Unit Heater
 Boilers Wood Fireplace/ Stove Other Ventilation Fans
 Class A Chimney Gas Fireplace/Stove Refrigeration Unit
 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**
 GeoThermal System (survey w/ system site req'd)

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 _____ Email _____ Fax _____

COMPLETE APPLICATION ON REVERSE SIDE

Owner Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____ Email _____ 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) 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

for office use only

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

for office use only

Permit fee Yes No _____

Plan review fee Yes No _____

State surcharge Yes No _____

Contractor license fee Yes No _____

Investigation fee Yes No _____

TOTAL _____