



MECHANICAL (HVAC) PERMIT APPLICATION

Building.department@ci.baxter.mn.us

13190 Memorywood Dr, Baxter, MN 56425 218-454-5113

SITE ADDRESS _____ **DATE** _____

Legal description: Property ID _____ Lot _____ Block _____ Addition _____

Property Owner/Tenant

Name _____ E-Mail _____

Address _____ Phone/Cell _____

Contractor / Applicant

Name _____ E-Mail _____

Address _____ Phone/Cell _____

Electrician

Name _____ Phone _____

Address _____ Cell _____

Type of Work:

Residential (or) Commercial

New construction (or) Alterations

- Air Exchanger (12)
- Rooftop units (05)
- Heating system (01)
- Ventilation (03)
- Water heater replacement - \$15.00 fee – skip to signature box
- Central Air (02)
- Infrared Heaters (06)
- Gas piping (04)
- Inspection scheduled _____

Description (Include unit make & model if applicable)

Value (including labor): \$ _____

Fee Schedule

Under \$500	\$25.00 (Residential)	\$40.00 (Commercial)
501 – 1,000	\$25 plus 2.50% of amount over \$500 (or Min Commercial)	
1,001 – 5,000	\$35 plus 2.25% of amount over \$1,000 (or Min Commercial)	
5,001 – 10,000	\$125 plus 2.00% of amount over \$5000	
10,001 – 25,000	\$225 plus 1.75% of amount over \$10,000	
25,001 – 50,000	\$490 plus 1.50% of amount over \$25,000	
50,001 and over	\$875 plus 1.25% of amount over \$50,000	

-- Add Plan review at 65% X above fees & State Surcharge 0.05% X Value of work (\$.50 min)

Permit fees:

State Surcharge: _____

Total fees: _____

Date _____

Check No. _____

Receipt No. _____

Name on Account: _____

Received by: _____

Date: _____

***** Mechanical plan MUST be submitted with application to Building department for approval *****

Notice

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

Signatures

Contractor: _____ for (company) _____

Homeowner-Builder: _____

Approved by: _____ **Date:** _____

Venting Verification

New Furnace:

BTU Venting _____

Type of venting required _____

Type of combustion air required _____

Type of fuel _____

Existing Venting:

Diameter _____

Type of venting _____

Combustion air _____

Reuse existing venting Yes -- No

New fuel source Yes -- No

Authorized Applicant _____

Signature

Printed Name

Company Name _____

Address _____ **Phone** _____