

APPLICATION FOR H.V.A.C. PERMIT

CITY OF ELKO NEW MARKET

P.O. Box 99

New Market, MN 55054

Office 952-461-4777

Fax 461-2782

Date _____ Permit No. _____

Builder _____ Address _____ Phone _____

H.V.A.C Contractor _____ Address _____

Phone _____ Fax No. _____ Cellular No. _____

Site Address _____

Lot _____ Block _____ Addition _____

Residential one and two family (New Construction/Alterations)			
Type of Work	Permit Fee	Surcharge	Total
H.V.A.C. System	\$104.50	\$0.50	\$
Factory Fireplace	\$54.50	\$0.50	\$
Furnace Replacement	\$54.50	\$0.50	\$
Air Conditioner	\$44.50	\$0.50	\$
Garage Heater	\$44.50	\$0.50	\$
Air Exchanger	\$44.50	\$0.50	\$
Miscellaneous	\$44.50	\$0.50	\$
Permit Total:			\$

Commercial, Industrial and Multi-family (New Construction, Alterations, Repairs or Replacements)	
Project Title:	Job Type:
ESTIMATED VALUATION OF WORK (Contract Price)	\$
Contract Price x 0.015	\$
Contract Price x .0005 (state surcharge)	\$
Permit Cost (Minimum Charge \$45.00)	\$

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance as described above and according to the provisions of the ordinances of the City of Elko New Market, the State Mechanical and Building Codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. I also understand this permit is valid for a period of six (6) months.

Signature of Applicant: _____ **Date:** _____

Approved by (Building Official): _____ Date: _____