



APPLICATION FOR H.V.A.C. PERMIT
 CITY OF ELKO NEW MARKET
 P.O. Box 99
 Elko New Market, MN 55020-0099
 Office (952) 461-4777 / Fax (952) 461-2782

Application Date _____ Permit No. _____

Site Address _____

Lot _____ Block _____ Subdivision _____ PID _____

Applicant/Contractor _____ Address _____

Phone _____ Fax No. _____ Cell No. _____

Builder _____ Address _____ Phone _____

Residential One and Two Family (New Construction/Alterations)			
Type of Work	Permit Fee	Surcharge	Total
H.V.A.C. System	\$112.00	\$1.00	\$113.00
Factory Fireplace	\$57.50	\$1.00	\$58.50
Furnace Replacement	\$57.50	\$1.00	\$58.50
Air Conditioner	\$57.50	\$1.00	\$58.50
Garage Heater	\$57.50	\$1.00	\$58.50
Air Exchanger	\$57.50	\$1.00	\$58.50
Miscellaneous	\$57.50	\$1.00	\$58.50
Permit Total:			\$

Commercial, Industrial and Multi-family (New Construction, Alterations, Repairs or Replacements)	
Project Title:	Job Type:
ESTIMATED VALUATION OF WORK (Contract Price)	\$
Base Permit Contract Price x 0.015	\$
Plan Review: 65% of Base Permit Fee	\$
State Surcharge: Contract Price x .0005	\$
Permit Cost (Minimum Charge \$50.00)	\$

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: _____

Receipt No. _____ Date Paid: _____