



Mechanical Permit

339 Third St. • Excelsior, MN 55331
(952) 653-3674

Permit#: _____

Email permit to: permits@excelsiormn.org

NOTE: If the property for which a permit is being applied has an address that starts with more than three digits, it is not in Excelsior. Please check with the owner to verify which city their utility bills come from.

Project Address:

Property Owner:

Owner Phone:

Owner Address:

Owner Email Address:

Applicant is: Owner Contractor

Type of Property: Commercial Residential

Contractor Name:

Contractor Address:

Contractor City & Zip Code:

Contractor Email Address:

Contractor's License:

Contractor Phone:

Completion Date:

Estimated Value:

Check Below:

- 1. Furnace, Boiler or AC Replacement 1.25% of Job Cost \$ _____
 - 2. Central System [New Construction] 2% of Job Cost \$ _____
 - 3. Additions 2% of Job Cost \$ _____
 - 4. Gas Piping _____ Number of Units 1st 3 Units \$7.50/ea. \$ _____
- [Each Additional Unit \$4.50/ea.] \$ _____

Make			
Model			
CFM			
Tons			

The City requires a Site Alteration Permit for any exterior alterations to a historic landmark or a historic resource in the Downtown Historic District (this includes vents and rooftop mechanical equipment).

Does this project include any exterior alterations to the building? Yes No

If yes, explain: _____

Please call MetroWest Inspections at 763-479-1720 when ready for inspection.

Permit Fee [\$40.00 Min. Fee] _____

Plan Review _____

State Surcharge [.0005 X Value - Min \$.50; Flat Permit Fee \$1.00] _____

Total Fee _____

The undersigned agrees to do all work in conformance with City Ordinances and rulings of the Inspection Division and herewith declares that all facts and representations on this application are true and correct, and agrees to contact MetroWest Inspections when ready for an inspection.

Applicant Signature:

Date:

Building Official Approval:

Date:

FOR OFFICE USE ONLY: Fee Paid Cash Check # _____ Date: _____