

City of Gaylord
 322 Main Avenue, P.O. Box 987
 Gaylord, MN 55334-0987
 Phone: 507-237-2338

DATE SUBMITTED
 / /

BUILDING PERMIT #

 Routed to 101 Development

SITE ADDRESS: _____ **PID:** _____

OWNER: Name/Address/City/State/Zip _____

Daytime Telephone _____

EMAIL: _____

BUILDER: Name/Address/City/State/Zip _____

Contractor License No. _____

CONTACT NAME: _____ **EMAIL:** _____

PHONE: _____ **FAX:** _____

TYPE OF WORK <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
	<input type="checkbox"/> Addition	<input type="checkbox"/> Fence Height: _____	<input type="checkbox"/> Re-Side
EST. VALUATION OF WORK \$ _____ <i>square feet:</i> _____	<input type="checkbox"/> Remodel	<input type="checkbox"/> Pool	<input type="checkbox"/> Ret. Wall Height: _____
	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Stucco / Stucco Demo	<input type="checkbox"/> Window Replacement
	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Garage / Shed	<input type="checkbox"/> Other: _____

Detailed Description of Work to be Performed: _____

Signature of this application by the legal property owner or a licensed contractor, as the owners representative, is required and authorizes the City Zoning Administrator of designee and the City Building Official or designee to enter upon the property to perform needed inspections. Entry may be made without prior notice. I hereby acknowledge that I have read this application and stat that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with the approved plans, specifications and conditions and to abide by all ordinances of the City and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to penalty.

SIGNATURE OF APPLICANT: _____

DATE: _____

PRINTED NAME: _____

Signature of (please check one): Owner Building Contractor Architect Other _____

***** OFFICE USE ONLY BELOW THIS LINE *****

OCCUP. TYPE: _____ **CONST. TYPE:** _____ **CODE:** _____ **BLDG. SPRINKLED:** Yes / No

VALUATION OF PERMIT: \$ _____

Permit Fee: \$ _____	CITY FEES
Plan Review Fee: \$ _____	Storm Water Connection: \$ _____
State Surcharge: \$ _____	SAC Charge: \$ _____
Site Inspection Fee: \$ _____	Sewer Permit: \$ _____
S.E.C. Fee: \$ _____	Sewer Hook-Up: \$ _____
Penalty / Other Fee: \$ _____	Water Hook-Up: \$ _____
Copy Charge (\$.25 per 8.5 x 11 Page) \$ _____	Water Meter: \$ _____
SUB-TOTAL \$ _____	Sewer Trunk: \$ _____
	Water Trunk: \$ _____
Plumbing Fee: \$ _____	Water Permit: \$ _____
Mechanical Fee: \$ _____	Storm Water Trunk: \$ _____
	TOTAL DUE: \$ _____

SPECIAL CONDITIONS OF PERMIT: _____

BUILDING APPROVAL BY: _____ **DATE:** _____ **TIME:** _____

Printed Name of Building Approval By: _____

CITY APPROVAL BY: _____ **DATE:** _____

Paid _____ Date: _____ Receipt No. _____ By: _____

<p align="center">City of Gaylord 332 Main Avenue, P.O. Box 987 Gaylord, MN 55334-0987 Phone: 507-237-2338</p>	<p align="center"><u>DATE SUBMITTED</u> / /</p>	<p align="center">PLUMBING PERMIT # _____ Routed to 101 Development _____</p>
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SITE ADDRESS: _____	PID #: _____
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OWNER:	Name/Address/City/State/Zip
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EMAIL: _____

PLUMBING CONTRACTOR: Name/Address/City/State/Zip	ESTIMATED VALUE OF WORK TO BE PERFORMED _____
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CONTACT NAME: _____	EMAIL: _____
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PHONE: _____	FAX: _____
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CLASS OF WORK			
New _____	Addition _____	Alteration _____	Replacement _____
<input type="checkbox"/> Water Closet (Toilet)	<input type="checkbox"/> Bathtub	<input type="checkbox"/> Roof Leader-Rainwater	
<input type="checkbox"/> Lavatory (Wash Basin)	<input type="checkbox"/> Shower	<input type="checkbox"/> Drinking Fountain	
<input type="checkbox"/> Kitchen Sink & Disp.	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Lawn Sprinkler System	
<input type="checkbox"/> Water Heater	<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Vacuum Breakers	
<input type="checkbox"/> <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Water Softner	<input type="checkbox"/> Sump	
<input type="checkbox"/> Ice Maker Line	<input type="checkbox"/> Piping/Treating Equipment	<input type="checkbox"/> Other	
<input type="checkbox"/> Rough-In Future Fixture	<input type="checkbox"/> Floor Sink or Drain		

Plumbing Comments: 	<table style="width:100%; border: none;"> <tr> <td style="text-align: right;">_____ Fixtures @ \$ _____ each:</td> <td style="text-align: left;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Plan Review Fee:</td> <td style="text-align: left;">\$ _____</td> </tr> <tr> <td style="text-align: right;">State Surcharge:</td> <td style="text-align: left;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other:</td> <td style="text-align: left;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: left;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: left;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: left;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Total PLUMBING Permit:</td> <td style="text-align: left;">\$ _____</td> </tr> </table>	_____ Fixtures @ \$ _____ each:	\$ _____	Plan Review Fee:	\$ _____	State Surcharge:	\$ _____	Other:	\$ _____		\$ _____		\$ _____		\$ _____	Total PLUMBING Permit:	\$ _____
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SIGNATURE OF APPLICANT: _____	DATE: _____
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PRINTED NAME: _____

Signature of (please check one): <input type="checkbox"/> Owner <input type="checkbox"/> Building Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Other _____

CITY APPROVAL BY: _____ DATE: _____

Paid _____ Date: _____ Receipt No. _____ By: _____
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City of Gaylord 332 Main Avenue, P.O. Box 987 Gaylord, MN 55334-0987 Phone: 507-237-2338	<u>DATE SUBMITTED</u> / /	MECH PERMIT # _____ Routed to 101 Development _____
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SITE ADDRESS: _____	PID: _____	
OWNER: Name/Address/City/State/Zip _____	State Bond No. _____	Gas Fitters License No. _____

EMAIL: _____	
MECHANICAL CONTRACTOR: Name/Address/City/State/Zip _____	ESTIMATED VALUE OF WORK TO BE PERFORMED _____

CONTACT NAME: _____	EMAIL: _____
PHONE: _____	FAX: _____

TYPE OF WORK			
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	New _____	Replacement _____	Other _____

WARM AIR UNDERGROUND DUCT SYSTEM: Yes <input type="checkbox"/> No <input type="checkbox"/> Gravity _____ Forced _____ Input B.T.U. _____ Output B.T.U. _____	AIR CONDITIONING SYSTEM Tons _____ CFM _____ Ductwork _____
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VENTILATION/AIR EXCHANGET	
<u>Exhaust Only</u> No. of Fans _____ Size _____ Type _____ C.F.M. Del _____ Static Pressure _____	<u>Air Exchange Unit</u> Type-Mixing Box _____ Heat Recovery Ventilation _____ Recovery Efficiency _____ Net Air Flows _____ Where ventilation is used/located _____

WET HEAT Baseboard _____ In-Floor _____ Stream _____ Hot Water _____ Gross Sq. Ft. _____ Input B.T.U. _____	GAS FITTINGS <input type="checkbox"/> Water Heater <input type="checkbox"/> Furnace <input type="checkbox"/> Stove <input type="checkbox"/> Dryer <input type="checkbox"/> Grill <input type="checkbox"/> Unit Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Other _____
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FIREPLACE No. of Fireplaces _____ Fuel Type _____	Mechanical Permit Fee: \$ _____ Gas Fitting Permit Fee: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ Other: \$ _____ Total MECHANICAL Permit: \$ _____
Mechanical Comments: _____	

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SIGNATURE OF APPLICANT: _____	DATE: _____
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PRINTED NAME: _____

Signature of (please check one): Owner Building Contractor Architect Other _____

CITY APPROVAL BY: _____ DATE: _____

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