

City of Robbinsdale



Engineering Department

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 permits@ci.robbinsdale.mn.us

MECHANICAL PERMIT

DATE: _____

PERMIT #: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

- If property owner is completing the work, please attach a "Property Owner's Affidavit"

CONTRACTOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

STATE LICENSE #: _____

CITY LICENSE #: _____

- Contractors MUST have a current City License & a State License for permit to be issued.

CONTRACT VALUE OF WORK: \$ _____
(COST OF MATERIALS/LABOR)

DETAILED DESCRIPTION OF WORK:

APPLICANT SIGNATURE: _____

PRINT NAME: _____

PHONE NUMBER: _____

DESIGNATE THE FOLLOWING:

| | MAKE/MODEL | SIZE |
|-----------------------------|------------|---------------------|
| _____ FURNACE | _____ | _____ |
| _____ BOILER | _____ | _____ |
| _____ A/C | _____ | _____ HUMIDIFIER |
| _____ ELECTRONIC AIR FILTER | | |
| _____ GAS PIPING | _____ | _____ GAS FIREPLACE |
| _____ OTHER (Explain) | _____ | |

CALCULATING PERMIT FEES:

Permit Fee for a Contract Value of \$0 up to \$2,439 is a minimum of \$50 *plus* the State Surcharge.

Permit Fee for a Contract Value of \$2439.01 up to \$10,000 is 2% of the Contract Value *plus* the State Surcharge.

Permit Fee for a Contract Value of \$10,000.01 and up is 2% of the first \$10,000 Contract Value, *plus* an additional 1.5% of the remainder of the Contract Value *plus* the State Surcharge.

CALCULATING STATE SURCHARGE:

Multiply the Contract Value x .0005. If the amount calculates to less than \$.50 then the minimum State Surcharge is applied. The minimum State Surcharge is \$.50

PERMIT FEE (MINIMUM \$50): \$ _____

PLAN REVIEW FEE (if applicable): \$ _____

STATE SURCHARGE (MINIMUM \$.50): \$ _____

OTHER FEE(S): \$ _____

TOTAL PERMIT FEE: \$ _____



MECHANICAL PERMIT APPLICATION PROCEDURE

All Mechanical Contractors must be licensed with the City of Robbinsdale. Property Owners who choose to do their own work must fill out the Property Owner's Affidavit.

CALCULATING THE PERMIT FEE:

Contract Value of \$2,439.00 or less\$50

Contract Value of \$2439.01 to \$10,0002% of the contract value

Contract Value more than \$10,0002% of the first \$10,000 *plus* 1.5% of the remainder of the Contract Value

1) The cost of installations, alterations, additions, or repairs shall include all labor and materials supplied by the Contractor. In addition, it shall include all materials supplied by other sources when these materials are normally supplied by the Contractor. *The value of work by a homeowner shall be equal to the cost for labor and materials that would be charged by a Contractor.* All values shall be subject to approval of, or determined by, the Building Official.

2) REVISION OF ESTIMATED COST: The estimated cost shall be subject to review by the Building Official. Should the estimate not reflect the true cost, it shall be revised and the applicant shall pay the fee based upon such revision. The Building Official may revoke any permit issued containing false information regarding the value of the work authorized by said permit pursuant to Section 89.150 of this Code. If the actual cost exceeds the estimated by five hundred dollars (\$500.00) or more, the applicant shall report within thirty (30) days after completion of this job, the actual cost to the Inspections Department and the fee shall be revised and the applicant shall pay a fee computed on the basis of the actual cost.

3) The City may require permit applications be accompanied by a copy of the Contract.

PLAN REVIEW FEES (if applicable):

When submittal documents are required by the code, a plan review fee may be required at the time of submitting the documents. Said plan review fee shall be 65% of the permit fee. The plan review fee specified in this subsection is a separate fee from the permit fee specified above and is in addition to the permit fee. When submittal documents are incomplete or changed so as to require an additional plan review, or when the project involves deferred submittal items, an additional plan review fee may be charged.

CALCULATING THE STATE SURCHARGE:

Multiply the "Contract Value of Work" x .0005. If the amount calculates to less than \$.50, then the minimum State Surcharge amount is applied. The *minimum* State Surcharge is \$.50

RESIDENTIAL DISTRICT REQUIREMENTS FOR AIR CONDITIONER CONDENSOR UNITS IN SIDE YARD:

Air Conditioners 5 or more feet from a side lot line must meet the following requirements:

One of the following must be provided.

1. Adjacent property has central air conditioning.
2. Adjacent property will have central air conditioning installed at the same time.
3. Adjacent property has no windows or doors in the walls abutting the yard.
4. Adjoining property has a detached or attached garage abutting the yard.
5. Adjacent property has the principal building 20 feet from the air conditioning unit.
6. Meets the requirements for air conditioners less than 5 feet from a side yard. (see below)

Air Conditioners less than 5 feet from a side lot line must meet the following requirements:

May not obstruct drainage.

May not be installed in an easement.

Must be rated at 74 decibels or less.

Must not exceed 50 decibels at property line.

(Side lot line for the purpose of these requirements is the lot line between two properties).



**PROPERTY OWNER'S AFFIDAVIT
WORK PERMIT CERTIFICATION**

DATE: _____

I, _____ HEREBY CERTIFY THAT I AM THE PROPERTY OWNER OF
(ADDRESS) _____, AND WILL PERFORM THE
_____ WORK MYSELF.

PROPERTY OWNER SIGNATURE

PHONE #



CREDIT CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

***NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card*

To make a payment by credit card, please provide the following information:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

NAME OF CARD HOLDER: _____

CREDIT CARD ACCOUNT NUMBER: _____

CREDIT CARD EXPIRATION DATE: _____/_____

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD ____ _

BILLING ZIP CODE: _____

(For example, if the credit card you are using has a billing address of 4100 Lakeview Ave N., Robbinsdale, MN, 55422, the zip code entered on this line is 55422)