



City of New Brighton
Mechanical Permit Application
 803 Old Hwy 8 NW, New Brighton, MN 55112-2792
 Office: 651.638.2050 / Email: permits@newbrightonmn.gov

JOB ADDRESS:	DATE:
PROPERTY OWNER:	PHONE #:
CONTRACTOR:	PHONE #:
CONTRACTOR ADDRESS:	CONTRACTOR LICENSE #

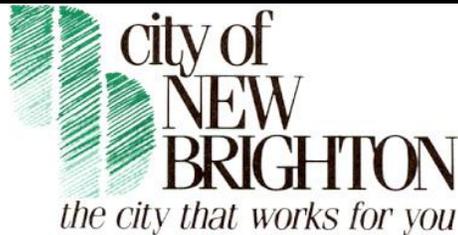
EMAIL: _____

Property Use	Flat Fee Item (<i>Residential only</i>)			
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family (<i>valuation based fee only</i>) <input type="checkbox"/> Commercial (<i>valuation based fee only</i>)	Fixture Type	Qty	Fee	Total
	Furnace		\$47.50	
	Air Conditioning		\$47.50	
	Gas Piping		\$47.50	
Valuation Based Projects	Misc: (duct work, vents, etc..)		\$47.50	
Project Valuation: \$ _____	Fireplace w/ Gas Line		\$68.00	
	New Construction (residential)		\$132.50	

Valuation Based Fees Total (<i>ONLY</i>)	Fees Total (Flat fee items <i>ONLY</i>)
Permit Fee (1.5% x Valuation / Min. fee \$47.50) \$ _____	Flat Fee Total: \$ _____ Admin Fee: \$ 15.00 _____ State Surcharge: \$ 1.00 _____ TOTAL DUE: \$ _____
Plan Review Fee (45% of permit fee) \$ _____	
State Surcharge (.0005% x Valuation) \$ _____	
Admin Fee \$ 15.00 _____	
TOTAL DUE: \$ _____	

Description of Work to be Completed	Permit will become void 180 day from date of issuance. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of New Brighton regulating building construction.

Applicant's Signature: _____ **Date:** _____



**CREDIT CARD
AUTHORIZATION FORM**
(to be mailed or delivered
in person - do not email)

Job Site Address: _____

Cardholder/Company Name: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover

Credit Card #: _____

Expiration Date: _____

3-Digit Code (CSC): _____

Amount to Charge: \$ _____

I authorize the **City of New Brighton** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for the purchase in accordance with the issuing banks cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

This form will be destroyed immediately following payment processing.
****Be advised that email is not a secure transmission.****