



CITY OF NEW HOPE COMMUNITY DEVELOPMENT

4401 Xylon Ave N • New Hope MN 55428 • Phone: 763-531-5127

• newhopemn.gov • newhopeinspections@newhopemn.gov

MECHANICAL PERMIT APPLICATION

PROCESS

- **Separate permits are required for electrical.**
- This permit will become null and void if work or construction authorized is not commenced within 180 days or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

INCLUDE THE FOLLOWING ITEMS:

- ✓ Mechanical Permit Application (this sheet) filled out completely.
- ✓ Payment (see below)

Permit# _____

Received Application _____

Received Payment _____

For Office Use Only

PROPERTY INFORMATION

Property Address: _____

Commercial Property Residential Property

I am the Contractor I am the Property Owner (*See bottom of page 2 of application)

PROPERTY OWNER INFORMATION

Property Owner: _____

Contact Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

CONTRACTOR INFORMATION

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

State License#: _____ Exp. Date: _____

WORK INFORMATION

- | | | | | | |
|--|--|--------------------------------------|---|--|--|
| <input type="checkbox"/> Air Cleaner | <input type="checkbox"/> Central Air | <input type="checkbox"/> Gas Piping | <input type="checkbox"/> Heating System | <input type="checkbox"/> HVAC | <input type="checkbox"/> Rooftop Units |
| <input type="checkbox"/> Air Exchanger | <input type="checkbox"/> Gas Fireplace | <input type="checkbox"/> Unit Heater | <input type="checkbox"/> Humidifier | <input type="checkbox"/> Infrared Heater | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Install | <input type="checkbox"/> New | <input type="checkbox"/> Repair | <input type="checkbox"/> Replace | <input type="checkbox"/> Other |

Description of Work: _____

Value of Work Including Labor: \$ _____ Start Date: _____ Estimated Completion Date: _____

REQUIRED INSPECTIONS COMPLETED BY CITY STAFF

- Air Test Final Gas Pressure Test Orsat Rough In Test and Balance Report

Approved By: _____ Date: _____



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MECHANICAL PERMIT APPLICATION

FEE SCHEDULE

Under \$500	\$25 (Residential) \$40 (Commercial)
\$500 - \$1,000	\$25 plus 2.5% of amount over \$500 or minimum commercial (\$40)
\$1,001 - \$5,000	\$35 plus 2.25% of amount over \$1,000 or minimum commercial (\$40)
\$5,001 - \$10,000	\$125 plus 2% of amount over \$5,000
\$10,001 - \$25,000	\$225 plus 1.75% of amount over \$10,000
\$25,001 - \$50,000	\$490 plus 1.5% of amount over \$25,000
\$50,001 or More	\$875 plus 1.25% of amount over \$50,000

Permit Fee	
State Surcharge	
Fees Due Upon Application	

Signature: _____ Date of Application: _____

PAYMENT

Check (Make payable to City of New Hope. Mail Attn: Inspections Department to 4401 Xylon Ave N, New Hope, MN 55428)

Credit Card (Fill in information below)

• Credit Card Number: _____ Expiration Date: _____

• Billing Address: _____

• Signature: _____ Name (Print): _____