



Site Address:	PID:
Owner:	Phone: Email:
Contractor:	Phone: Email:
Contractor License No:	
Builder:	Phone: Email:
Architect:	Phone: Email:

TYPE OF WORK <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL	ESTIMATED VALUE OF WORK TO BE PERFORMED	TYPE OF HOUSE <input type="checkbox"/> SPLIT ENTRY <input type="checkbox"/> WALK-OUT	<input type="checkbox"/> FULL BASEMENT <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TWIN HOME	<input type="checkbox"/> OTHER
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TYPE OF PERMIT <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL (COMPLETE PAGE 2)	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> DEMO <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> GARAGE ATTACHED/DETACHED <input type="checkbox"/> ACCESSORY STRUCTURE <input type="checkbox"/> RE-WINDOW / DOOR	<input type="checkbox"/> DECK <input type="checkbox"/> FENCE <input type="checkbox"/> RE-ROOF <input type="checkbox"/> RE-SIDE <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> SHED <input type="checkbox"/> POOL	<input type="checkbox"/> SIGN <input type="checkbox"/> SOLAR PANEL <input type="checkbox"/> OTHER <input type="checkbox"/> ESCROW <input type="checkbox"/> VARIANCE <input type="checkbox"/> PRE-PLAN
TOTAL FINISHED AREA _____ SQ FT			

COMMENTS / SPECIAL CONDITIONS

Signature of this application by legal property owner or licensed contractor, as the owner's representative is required and authorizes the City of Tonka Bay Zoning Administrator or designee and the City of Tonka Bay Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

I hereby acknowledge that I have read this application and state 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 approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit.

Permit expires when building and work is not completed within 180 days from date of issued permit, or if building and work is suspended, abandoned or not inspected for 180 days.

SIGNATURE OF APPLICANT: _____ **PRINT NAME:** _____

FOR OFFICE USE ONLY					
ZONING	<input type="checkbox"/> R-1A	<input type="checkbox"/> R-3	<input type="checkbox"/> P	PERMIT VALUATION	Inspector Comments:
<input type="checkbox"/> IRC	<input type="checkbox"/> R-1B	<input type="checkbox"/> C-1	<input type="checkbox"/> A	\$ _____	
<input type="checkbox"/> IBC	<input type="checkbox"/> R-2A	<input type="checkbox"/> C-2	<input type="checkbox"/> O		
Permit fee: \$ _____	Water Meter: \$ _____	Application fee: \$ _____	Escrow fee: \$ _____	Inspector fee: \$ _____	Credit Card Conf: _____ Check Number: _____ Cash: _____ Receipt #: _____ Date: _____ By: _____
Plan Check fee: \$ _____	Misc. fee: \$ _____	Sales Tax (8.525%) \$ _____	TOTAL \$ _____		
State Surcharge: \$ _____					
Plumbing fee: \$ _____					
Mechanical fee: \$ _____					
SUB TOTAL \$ _____					Building Official _____ Issue Date _____ Planning Official _____ Admin / Zoning Official _____

MECHANICAL INFORMATION	State Bond No. _____	Gas Fitters License No. _____
Mechanical Contractor: _____	Name/Address/Phone: _____	
		Estimated Value \$ _____

Warm Air

Underground Duct System Yes () No ()
Gravity _____ Forced _____
Input B.T.U. _____ Output B.T.U. _____

Exhaust Only

No. of Fans _____ Size _____ Type _____
CFM Del _____ Static Pressure _____

Wood Burning Fireplace

Manufacturer _____ Vent location _____

Air Conditioning System

Tons _____ CFM _____ Ductwork _____

Air Exchange Unit

Type-Mixing Box _____
Heat Recovery Ventilation _____
Recovery Efficiency _____ Net Air Flows _____
Where ventilation is used/located _____

Wet Heat

Baseboard _____ In-floor _____
Steam _____ Hot Water _____
Gross Sq ft _____ Input B.T.U. _____

New _____ Replacement _____ Addition _____

GAS FITTING PERMITS

Water Heater _____ Furnace & A/C _____
Fireplace _____ Unit Heater _____ Stove _____
Dryer _____ Gas Line _____ Other _____

New _____ Replacement _____ Addition _____

Office Use Only

Mechanical Permit Fee \$ _____	\$50-New Gas Line, \$50-Fireplace, \$50-Unit Heater
State Surcharge \$ _____	\$100-Furnace, \$100-Central Air Unit, \$100-Air Exchanger
Other \$ _____	ex. Furnace + C/A Unit + Air Exchanger=\$300.00 + State Surcharge
Total Mechanical Permit \$ _____	

PLUMBING INFORMATION	State Bond No. _____	State Plumbers License No. _____
Plumbing Contractor: _____	Name/Address/Phone: _____	
		Estimated Value \$ _____

Class of Work: New () Replacement () Addition () Repair ()

Check all that apply

_____ Toilet	_____ Water Heater	_____ Dishwasher	_____ Misc.
_____ Bath Sink	_____ Water Softener	_____ Kitchen Sink & Disposal	
_____ Bathtub	_____ Water Softener	_____ Refrigerator	
_____ Shower	_____ Clothes Washer	_____ Drinking Fountain	
_____ Urinal	_____ Sump	_____ Sink or Floor Drain	

_____ # of Fixtures (minimum fee \$75.00 For 1-5 fixtures, \$10 for each additional fixture)	Plumbing permit fee \$ _____
	State Surcharge \$ _____
	Total Plumbing Permit \$ _____