

# EUREKA TOWNSHIP

## MECHANICAL PERMIT APPLICATION

Eureka Township / 25043 Cedar Avenue, Farmington MN 55024  
 Phone: (952) 469-3736 / Email: [deputyclerk@eurekatownship-mn.us](mailto:deputyclerk@eurekatownship-mn.us)

PARCEL ID #		PERMIT #				
<b>SITE INFORMATION</b>						
Owner Name		Email		Phone		
Site Address		City	State	Zip		
<b>APPLICANT/CONTRACTOR INFORMATION</b>						
Applicant/Contractor Name			License Number			
Contact Person		Email				
Address		City	State	Zip		
Cell Phone		Phone		Fax		
<b>RESIDENTIAL:</b>						
<b>Type of Work</b>	<input type="checkbox"/> New	<input type="checkbox"/> Replace	<b># Of Fixtures</b>	<b>Permit Fee</b>	<b>State Surcharge</b>	<b>Total</b>
<input type="checkbox"/> Air Conditioner	Tons:	CFM:				\$
<input type="checkbox"/> Air Exchange	Type:	CFM:				\$
<input type="checkbox"/> Boiler/Furnace						\$
<input type="checkbox"/> Fireplace						\$
<input type="checkbox"/> Gas Line						\$
<input type="checkbox"/> Duct Work						\$
<input type="checkbox"/> Other						\$
<b>Permit Total:</b>				\$	\$	\$
Project Description:						

<b>COMMERCIAL / INDUSTRIAL</b>				
Job Type		<b>Permit Fee</b>	<b>State Surcharge</b>	<b>Total</b>
Estimated Value of Work (Contract Price) \$		\$	\$	\$
Project Description:				

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations and to utilize this structure for its permitted use. Signature of this application by the legal property owner or owner's representative is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

The property owner agrees to pay all plan review fees even if he/she chooses 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 of Applicant:	

### Township Use Only

Deputy Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Date: \_\_\_\_\_

Incomplete Notification sent: \_\_\_\_\_

Notes:

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee \$
Date Paid:
Receipt #
<input type="checkbox"/> Cash <input type="checkbox"/> Check #

Permit Valuation	
Inspection Fee	\$
Other	\$
Total Fees	\$

Special Conditions of Permit:

#### Building Official Approval:

\_\_\_\_\_  
Signature Date

Occupancy Type: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Code Used: \_\_\_\_\_

Building Sprinkled  Yes  No