



# MECHANICAL PERMIT APPLICATION

Building Inspections Department | City of Savage | 6000 McColl Drive, Savage, MN 55378  
Office: 952-882-2650 | Fax: 952-882-2656 | savageinspections@ci.savage.mn.us

PERMIT INFORMATION				
<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement
RESIDENTIAL, ONE AND TWO FAMILY				
<input type="checkbox"/> Air Conditioner	\$50.00	<input type="checkbox"/> Garage Heater	\$50.00	
<input type="checkbox"/> Air Exchanger	\$50.00	<input type="checkbox"/> Gas Line	\$50.00	
<input type="checkbox"/> Fireplace	\$60.00	<input type="checkbox"/> Minimum Fee	\$50.00	
<input type="checkbox"/> Furnace	\$60.00	<b>Permit Total</b>	<b>\$</b>	
COMMERCIAL, INDUSTRIAL AND MULTI-FAMILY				
Business Name				
Description of Work				
			Valuation of Work	
			Valuation x 0.02	
			Valuation x .0005 (State Surcharge)	
			<b>Permit Total (Minimum Charge \$130.00)</b>	<b>\$</b>
SITE INFORMATION				
Site Address		Parcel ID		
APPLICANT/CONTRACTOR INFORMATION				
Applicant/Company Name		Contact Person		
Contractor License No		License Expiration Date		
Address		Email		
City		State	Zip	
Cell Phone	Phone		Fax	
PROPERTY OWNER INFORMATION				
Name			Phone	
Address		City	State	Zip
I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance to provisions of the ordinances of the City of Savage, the State Mechanical and Building codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit will expire in six (6) months from the date of issue if a passing final inspection is not obtained.				
Signature of Applicant			Date	
Printed Name of Applicant				
OFFICE USE ONLY				
Permit No.		Master Permit No.	Project No.	
Approved by			Date	