

# MECHANICAL PERMIT APPLICATION\*

OFFICE OF BUILDING AND HOUSING HIBBING CITY HALL  
Telephone (218) 262-3486

(please print or type)

OWNER \_\_\_\_\_ ADDRESS OF PROPERTY \_\_\_\_\_ ZIP \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

(Applicant shall be responsible to provide full legal description and parcel code. Use tax statement when appropriate)

LEGAL DESCRIPTION \_\_\_\_\_ (See Attachment)

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME AND ADDRESS OF CONTRACTOR \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME AND ADD. OF ARCHITECT OR DESIGNER \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PROJECT DESCRIPTION (Generally describe the proposed construction and include building dimensions for new construction or additions)

CLASSIFICATION OF USE

Residential # Dwelling Units \_\_\_\_\_ Manufactured Home \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Agricultural \_\_\_\_\_  
 Garage  Warehouse Storage  Other (specify) \_\_\_\_\_

TYPE OF IMPROVEMENT New

|  |                       |                                   |                     |
|--|-----------------------|-----------------------------------|---------------------|
| BASE COST .....  | (omit cents) \$ ..... | APPLICABLE FEES - OFFICE USE ONLY |                     |
| To be installed but not included in the above cost         |                       | Mechanical                        |                     |
| a. Electrical .....  | \$ .....              | Permit                            | \$ .....            |
| b. Plumbing .....  | \$ .....              | Plan Check Fee                    | (Plan Review) ..... |
| c. Heating, air conditioning .....                         | \$ .....              | State Surcharge                   | .....               |
| d. Other (elevator, etc.) .....                            | \$ .....              | Zoning Permit                     | .....               |
| PROJECT VALUATION (Total Cost: Materials & Labor) \$ ..... |                       | Demolition                        | .....               |
| SBC PROJECT VALUATION (Bldg. Official's) \$ .....          |                       | Permit                            | .....               |
|  |                       | Sign Permit                       | .....               |
|  |                       | Moving Permit                     | .....               |
|  |                       | <b>TOTAL</b> \$ .....             |                     |

Paid  
Date \_\_\_\_\_  
Initials \_\_\_\_\_

## NOTICE FOR THE APPLICANT:

APPLICANT MUST PROVIDE COMPLETE CONSTRUCTION PLANS FOR ALL BUILDING PERMIT APPLICATIONS. APPLICANT MUST PROVIDE SITE

PLAN TO SCALE - WITH DIMENSIONS, SETBACKS OF ALL EXISTING AND PROPOSED STRUCTURES ON LOT. SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, AND THE USE OF PUBLIC PROPERTY SUCH AS STREETS, SIDEWALKS, ALLEYS, ETC. INCOMPLETE APPLICATIONS MAY BE REJECTED.

APPROVED BUILDING/ZONING PERMITS BECOME NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Use pen only - press hard for carbon copies