CITY OF HAMBURG
181 Broadway
Hamburg, MN 55339
Phone: 952-467-3232  Fax: 952-467-3119

BUILDING PERMIT

□ Handout Given  □ Lead Handout Given

PROPERTY OWNER:
Address:
City: State: Zip: Email: Contact Name: Phone:

CONTRACTOR:
Address:
City: State: Zip: Phone: Fax:
Contractor License No:
Contact Name: Phone:

ARCHITECT:
Address:
City: State: Zip: Phone: Fax:
Email: Contact Name: Phone:

TYPE OF WORK:
□ New Construction  □ Deck  □ Re-Roof  □ Commercial  □ Residential  □ Change of Use  □ Pool  □ Re-Side
□ Finish Basement  □ Retaining Wall  □ Fence ______
□ Remodel  □ Porch  □ Shed ______ sq ft
□ Addition  □ Demolition  □ Window/Door Replacement
□ Garage-Attached/Detach  □ Plumbing-provide detail on Page 2  □ Misc Other

EST. VALUATION OF WORK
$ ________
Square feet:

Detailed Description of Work:
□ Accessory Structure  □ Mechanical-provide detail on Page 2  □ Misc Other

SIGNATURE OF APPLICANT: DATE:________________
PRINTED NAME: This is the signature of:
□ Owner  □ Owner's Representative

OCCUP. TYPE: CONST. TYPE: CODE: BLDG SPRINKLED Yes / No

VALUATION: $
Permit Fee: $ ____________  Park Dedication: $ ____________
Plan Review Fee: $ ____________  SAC Charge: $ ____________
State Surcharge: $ ____________  WAC Charge: $ ____________
Site Inspection Fee: $ ____________  Sewer Hook-Up: $ ____________
S.E.C. Fee: $ ____________  Water Hook-Up: $ ____________
Investigation Fee / Other Fee: $ ____________  Sewer Trunk: $ ____________
Copy Charge ($.25 per 8.5x11 page) $ ____________  Water Trunk: $ ____________
$ ____________  Water Meter $ ____________
$ ____________  City Fee: $ ____________
$ ____________  Other: $ ____________
$ ____________  Mechanical Fee (from Page 2) $ ____________
$ ____________  TOTAL DUE: $

Special Conditions/Required Setbacks:

Building Approval By: DATE:
Printed Building Approval By: □ License Verification □ Lead Verification - Checked By:
City Approval By: DATE:
Paid: Date: Receipt No. By:
### MECHANICAL INFORMATION

**Mechanical Contractor:**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**State Bond No:**

**Contact Name:**

**Email:**

**Contact Phone:**

**Detailed Description of Work:**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>MECHANICAL FIXTURES</th>
<th>GAS LINES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Furnace</td>
<td>Furnace</td>
</tr>
<tr>
<td></td>
<td>Air Conditioning System</td>
<td>Fireplace</td>
</tr>
<tr>
<td></td>
<td>Air Exchanger</td>
<td>Unit Heater</td>
</tr>
<tr>
<td></td>
<td>Fireplace</td>
<td>Grill</td>
</tr>
<tr>
<td></td>
<td>Unit Heater</td>
<td>Dryer</td>
</tr>
<tr>
<td></td>
<td>In Floor Heat</td>
<td>Stove</td>
</tr>
<tr>
<td></td>
<td>Gas Log</td>
<td></td>
</tr>
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</table>

**Office Use Only:**

- [ ] Replacement (one fixture only, no piping or vent changes)
- [ ] Addition/Remodel
- [ ] New Construction
- [ ] Other

**Mechanical Permit Fee:** $ _______________

**Gas Line Permit Fee:** $ _______________

**State Surcharge:** $ _______________

**Other:** $ _______________

**Total Mechanical Permit:** $ _______________

### PLUMBING INFORMATION

**Plumbing Contractor:**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Plumbers License No:**

**State Bond No:**

**Contact Name:**

**Contact Phone:**

**Email:**

**Detailed Description of Work:**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>PLUMBING FIXTURES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Water Heater</td>
</tr>
<tr>
<td>Gas</td>
<td>Electric</td>
</tr>
</tbody>
</table>

**Office Use Only:**

- [ ] Replacement (one fixture only, no piping or vent changes)
- [ ] Addition/Remodel
- [ ] New Construction
- [ ] Other

**Plumbing Permit Fee:** $ _______________

**State Surcharge:** $ _______________

**Other:** $ _______________

**Total Plumbing Permit:** $ _______________