



# Mechanical Permit Application

## City of Brainerd

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2309 ♦ 218.828.2316 (fax)

[www.ci.brainerd.mn.us](http://www.ci.brainerd.mn.us)

SITE ADDRESS		PROJECT VALUATION	DATE	
OWNER'S NAME		OWNER'S PHONE NUMBER	OWNER'S FAX NUMBER	
OWNER'S ADDRESS		CITY	STATE	ZIP
CONTRACTOR'S BUSINESS NAME		CONTRACTOR'S CITY LICENSE NUMBER		
CONTRACTOR'S BUSINESS ADDRESS		CITY	STATE	ZIP
CONTRACTOR'S PHONE NUMBER	CONTRACTOR'S FAX NUMBER	<b>IS THE CONTRACTOR THE APPLICANT?</b> (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO		
OWNER'S EMAIL ADDRESS		CONTRACTOR'S EMAIL ADDRESS		

**Are there fuel-fired appliances in the dwelling(s) and/or is there an attached garage?** Check appropriate box:  YES  NO

**Carbon Monoxide Alarms** – Sections 1305-908.7 (Group I or R occupancies) and 1309-R315 (IRC-1, 2, 3)

Where work requiring a *permit* occurs in existing *dwelling*s that have an attached garages or in existing *dwelling*s within which fuel-fired *appliances* exist, carbon monoxide alarms shall be provided in accordance with Section R315.1.

R315.1.1 Installation. Carbon monoxide alarms shall be installed outside and not more than 10 feet (3048 mm) from each separate sleeping area or bedroom. Alarms shall be installed on each level containing sleeping areas or bedrooms.

DESCRIPTION OF WORK (INCLUDE COMBUSTION AIR & MAKE UP AIR NOTES)

Forced Air  Hot Water  Ventilation  Wood burner  A/C  Roof-top Unit  Refrigeration  Other:

GAS PIPING SIZE		NUMBER OF OPENINGS		PROCESS PIPING SIZE		NUMBER OF OPENINGS	
Existing		Proposed		Existing (2)		Proposed (2)	
Number of Units: _____		Number of Units: _____		Number of Units: _____		Number of Units: _____	
Make: _____		Make: _____		Make: _____		Make: _____	
Fuel: _____		Fuel: _____		Fuel: _____		Fuel: _____	
Flue Diameter: _____		Flue Diameter: _____		Flue Diameter: _____		Flue Diameter: _____	
Input(BTU): _____		Input(BTU): _____		Input(BTU): _____		Input(BTU): _____	
CFM: _____		CFM: _____		CFM: _____		CFM: _____	
Tons: _____		Tons: _____		Tons: _____		Tons: _____	
H.P.: _____		H.P.: _____		H.P.: _____		H.P.: _____	
Unit Weight: _____		Unit Weight: _____		Unit Weight: _____		Unit Weight: _____	

### Certification

Permits are required for Electrical, Building, Heating, Ventilating and Air Conditioning. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. 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 give authority to violate or cancel the provisions of any other Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

**I hereby certify that I have read and examined this application and know the same to be true and correct.**

APPLICANT'S SIGNATURE	DATE
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Old brass gas valves must be replaced when the valve leaks gas or the valve is stuck and not operable with hand pressure. The valve must be replaced with an approved gas shut off valve.  
City of Brainerd, Department of Building Safety.

### **BUILDING PERMIT APPLICANT: PROPERTY OWNER**

I, \_\_\_\_\_, understand that the State of Minnesota requires that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. This license requirement applies to owners of residential real estate who build or improve such property for purposes of speculation or resale.

By signing this document, I attest to the fact that I am improving this house for my own use and am not building or improving this house for the purpose of reselling it. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building or remodeling on speculation or for resale and that the house for which I am applying for this permit, located at \_\_\_\_\_, Brainerd, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minn. Stat. 514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota law, and that the filing of a false statement with the City of Brainerd may also result in criminal prosecution pursuant to applicable city ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I alone will be responsible to the City of Brainerd for compliance with all applicable building codes and city ordinances in connection with the work being performed on this property.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Labor & Industry, Construction Codes and Licensing Division at (651) 284-5005 or toll-free at 1-800-657-3944.