



# FIREPLACE

## Permit Application

Office Use Only

Notes  - Scan

**Permit Total:**

\$ \_\_\_\_\_

### City of Elk River

Fire and Building Safety Division

13065 Orono Parkway NW • Elk River, MN 55330

763.635.1060 • Fax: 763.635.1090

E-mail: [ERFD.FABS@ElkRiverMN.gov](mailto:ERFD.FABS@ElkRiverMN.gov)

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

Permit #: \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **PID #** \_\_\_\_\_

Structure Type:  Single Family  Multi-family  Townhouse

Construction Type:  New  Addition  Remodel  Repair  Alteration  Other \_\_\_\_\_

The Applicant Is:  Owner  Contractor  Other \_\_\_\_\_

### Property Owner:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### Contractor:

Name \_\_\_\_\_ License/Bond \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Call for credit card payment

▪ If different than above, please note: Phone: \_\_\_\_\_

Email permit / receipt

▪ If different than above, please note: Email: \_\_\_\_\_

**• PLEASE COMPLETE OTHER SIDE OF APPLICATION •**

### Inspector Use Only

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Hard Card  or Soft Card  - Soft card reference permit # \_\_\_\_\_

Called  or I/M  Date: \_\_\_\_\_ Int. \_\_\_\_\_

**Detailed description of work:**

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**Check all boxes that apply:**

- Gas Fireplace             Gas Stove
- Wood Fireplace         Pellet Stove
- Masonry Fireplace
- Wood Stove
- Other \_\_\_\_\_

**If gas piping will be done by others, indicate:**

Name \_\_\_\_\_ State Mechanical Bond # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Total Job Valuation \$** \_\_\_\_\_

----- **This is an application for a permit – It is not valid until processed** -----

I hereby apply for a Fireplace permit, and I acknowledge that the information above is complete and accurate; that I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/mechanical codes and regulations.

I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

**Name of Applicant (print or type)** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_