



# Commercial Permit Application – Building·Mechanical·Plumbing

316 Broadway, P.O. Box 147 | Carver, MN 55315 | 952-448-5353 | cityofcarver.com

**Building**

**Mechanical**

**Plumbing**

**Roofing**

**Siding**

**Windows**

-----check all that apply-----

Site Address

Owner Name

Owner Address

City/State/Zip

\*if different from above

Contractor Name

Contractor Phone

Contractor Address

City/State/Zip

License Number

Applicant Name

Applicant Phone

Applicant Email

Project Description

Is property in: Historic District    yes    no

Project Valuation

Project Sq Ft

Floodway    yes    no

**NEW CONSTRUCTION ONLY:**

Subdivision Name

Addition

Lot

Block

Parcel ID

Finished SQ FT

Actual SQ FT

Meter Size:    ¾"    Other

**New construction issued a ¾ inch meter unless other is noted.**

**MECHANICAL PERMIT INFORMATION**

Contractor Name

Bond/License #

Furnace

Make/Size

Fuel

Valuation

Air Conditioner

Make/Size

Fuel

Valuation

Fireplace

Chimney Type

Fuel

Contractor

Valuation

**PLUMBING PERMIT INFORMATION**

Contractor Name

Bond/License #

| # | Type of Fixture        | # | Type of Fixture       |
|---|------------------------|---|-----------------------|
|   | Water Closet           |   | Bathtub               |
|   | Lavatory               |   | Shower                |
|   | Kitchen Sink/Disposal  |   | Dishwasher            |
|   | Laundry Tray           |   | Clothes Washer        |
|   | Water Heater           |   | Urinal                |
|   | Drinking Fountain      |   | Floor Sink/Drain      |
|   | Slop Sink              |   | Gas System - Outlets  |
|   | Water Softener         |   | Waste Catch Basin     |
|   | Vacuum Breaker         |   | Lawn Sprinkler System |
|   | Roof Leader            |   | Wet Bar               |
|   | Gas Stove/Range/Lights |   | Blow-Off Basin        |
|   | Rough-In Fixture       |   | New Ground Run        |
|   | Sump                   |   | Grease Trap           |
|   | Hydraulic Valve        |   | Other Fixtures        |

**TOTAL NUMBER OF FIXTURES:**

**To the best of my knowledge the above stated is true and accurate.**

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**ALLOW 5 – 10 BUSINESS DAYS FOR PROCESSING**

Submit application & supporting documents to [permits@cityofcarver.com](mailto:permits@cityofcarver.com)

Permit not valid until fee has been received. Questions? Contact the Building Department at 952-448-5353.