



Manufactured Fireplace Permit Application

City of Chaska
One City Hall Plaza
Chaska, MN 55318

Phone 952-448-9200
Fax 952-448-9300

PERMIT NO. FP-_____

Note: **Do not use this permit form for masonry fireplaces, as they require a Building Permit and Plan Review.**

Site Address: _____ Date: _____

Owner: _____ Phone: (____) _____

Installer: _____ Mechanical Bond # _____ Phone: (____) _____

Installer's Address: _____ Fax: (____) _____

City: _____ State: _____ Zip Code: _____ E-mail Address: _____

Installer is: Owner Licensed Building Contractor Mechanical Contractor Specialty Contractor

FIREPLACE SYSTEM #1

Manufacturer: _____

Model Number: _____

Fuel Type? Gas Wood Other _____

FIREPLACE SYSTEM #2

Manufacturer: _____

Model Number: _____

Fuel Type? Gas Wood Other _____

(If installer is the owner or a mechanical contractor, an additional mechanical permit for the gas line is not required.)

REQUIRED INSPECTIONS:

Rough-in Inspection:

1. Fireplace installed in accordance with manufacturer's installation instructions. **(Instructions shall be on site at time of inspection)**
2. Gas line pressure test for ½ hour @ 25 PSI minimum.

Final Inspection:

Installation complete, including any mantle if applicable

VALUATION OF FIREPLACE SYSTEM(S)

(MINIMUM PERMIT FEE \$30.00)

TOTAL COST \$ _____

PERMIT FEE \$ _____

x 1.5% if valuation is less than \$25,000.00
x 1.25% if valuation is more than \$25,000.00

STATE SURCHARGE
Total Cost x .0005 \$ _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

TOTAL PERMIT FEE \$ _____

Signature _____

Official Use Only

Paid by: Check Cash

Approved by: _____ Separate mechanical permit required? Y N

Accepted by: _____