



City of Ham Lake

15544 Central Avenue NE • Ham Lake, MN 55304
Building Department 763-235-1691
Fax 763-235-1697

HVAC WORKSHEET

Job Location _____ Date _____

Property Owner _____

Contractor _____

State License/Bond Number _____ Expiration Date _____

Phone Number _____ Fax Number _____

Building Type:

Commercial (based on valuation) \$ _____ (job cost valuation)

WE WILL CALCULATE THE FEE AND CONTACT YOUR OFFICE WITH THE PERMIT FEE AMOUNT

Residential: New Construction Replacement Addition Remodel

Place number of units in each box below:

Furnace/Heater (# of BTU's _____) Air Conditioner Air Exchanger

In-Floor Heat Fireplace (gas or wood) Boiler

Duct Work/Venting (if only ductwork/venting is performed)

Gaslines Only (1 to 3 lines - if being run for items not listed above)

PERMIT FEE \$ _____ = \$60.00 per unit (\$60 x ___ number of units)

SURCHARGE \$ ___ 1.00 = per permit minimum permit fee is \$61.00

TOTAL \$ _____

Typical New Home Construction HVAC Permit includes Furnace, A/C and Air to Air Exchanger with Surcharge the Total Fee is \$181.00

Please feel free to fax your completed worksheet to our office, your permit will then be prepared and ready to be paid for with check (payable to the City of Ham Lake), cash or credit card. When using a credit card, a payment authorization form must accompany the permit application (please note there is a 1.99% convenience fee with a \$1.00 minimum).
7/7/2015



CITY OF HAM LAKE
CREDIT CARD PAYMENT AUTHORIZATION

Please complete this authorization form and return it, along with your permit application, assessment search request, or other documentation to:

City of Ham Lake
15544 Central Ave NE
Ham Lake, MN 55304
or
fax to 763-235-1697

DO NOT EMAIL THIS FORM AS EMAILS ARE NOT SECURE

***The City charges a convenience fee for credit cards payments.
The fee is 1.99%, with a minimum fee of \$1.**

This payment is for _____

Amount to charge, not including convenience fee: \$ _____

I authorize the City of Ham Lake to charge the amount listed above, plus the convenience fee (greater of 1.99% of charge or \$1.00), to my credit card. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder name: _____ Date: _____

Cardholder's credit card billing address: _____

Cardholder's phone #: _____

Cardholder's signature: _____

Your company name: _____

Credit card type: ___ Visa ___ MasterCard ___ Discover

Card #: _____ Expiration date: ___/___

Note: Credit card information will not be retained by the City of Ham Lake