

CITY OF CHAMPLIN
11955 CHAMPLIN DRIVE
CHAMPLIN, MN 55316
763-421-2629

MECHANICAL CONTRACTOR LICENSE APPLICATION
FOR HEATING, AIR CONDITIONING AND/OR GAS PIPING

I. APPLICATION

FEE: \$40.00

BOND FILED _____

INSURANCE FILED _____

WORKMANS COMP FILED _____

NEW _____

RENEW _____

YEAR _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

SIGNATURE: _____

(Please, also print first and last name of applicant)

II. NEW APPLICANTS

YEARS IN BUSINESS: _____ YEARS EXPERIENCE: _____

LICENSES IN OTHER CITIES (LIST) _____

III. BUILDING DEPARTMENT

APPROVED: _____ DENIED: _____ DATE: _____

COMMENTS: _____

SIGNED: _____

December 7, 2009

Dear Heating Contractor;

Heating contractors are required by ordinance to hold licenses in the City of Champlin. The 2010 license renewal fee is \$40.00 and will expire on December 31, 2010.

The City of Champlin currently enforces the 2006 IMC and the 2006 Fuel Gas Code. You must size the flue to properly serve the appliance that is to be connected to it. A drip tee shall be required at the base of the vertical flue.

Prior to the issuance of any license required hereunder, the applicant shall furnish the Building Inspections department with a certificate of insurance evidencing insurance against damage to property, injury or death to persons. Said policy or policies shall indemnify and hold harmless the property owner upon whose premises the applicant may work, the City, and all of its officers and personnel against any claim, demand for damages, action or causes of action arising out of or by reason of the doing of work or activities relating or incidental thereto and from any costs, disbursements or expenses of defending the same. Such certificate shall be for a general liability or all perils policy in the minimum amount of at least \$1,000,000.00. The policy of insurance required hereunder shall provide that the City be notified immediately of any termination or modification of such insurance. Should the insurance coverage required in this section be inadequate in amount, then the licensee shall himself indemnify and save harmless said property owner, the City and all of its officers and personnel. A \$2,000.00 Bond is also required **OR** the State of Minnesota Heating Contractors Bond will be accepted.

Please also note that Minnesota Statute 176.182 requires that every state, county and city licensing agency shall withhold the issuance or renewal of a license or permit until evidence of compliance with the worker's compensation insurance requirement is furnished. A copy of the statute is included, along with the Certificate of Compliance form. Send the completed form with your license application for 2010.

Heating and cooling load calculations must be submitted with the application for each permit and shall be within the guidelines of the current Minnesota Energy Code.

Sincerely,

Jerry Hart
Building Official
City of Champlin

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.
 I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.