

Office use only

Permit no.

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is Owner Contractor Architect/engineer

Condominium no.

Property owner

Name

Phone

Address

City

State

Zip

Contractor

Name

Address

City

State

Zip

Phone

Cell phone

License no.

Architect/engineer

Name

Address

City

State

Zip

Phone

Cell phone

Registration no.

Class of work

Check only one.

1 New

2 Addition

3 Alteration/remodel

4 Maintenance/repair/replace

Type of structure

Check only one.

01 Single-family residential

45 Recreational, amusement

02 Single-family connected to single family

46 Other non-housekeeping shelter

03 Residential garage

65 Industrial buildings

30 Two-family residential

70 Public works and utilities building

31 Three-four family residential

80 Public schools

32 Multiple-family residential

81 Private schools

40 Offices, banks, professional

85 Churches and religious buildings

41 Stores, restaurants, warehouse

88 Hospitals and institutional buildings

42 Hotels, motels

93 Other non-residential building

43 Parking garage

95 Fences, signs, antennas

44 Service stations and repair garage

96 Other non-building structures

Continue to page 2

Project details

Job valuation \$ _____ Estimated completion date _____

Description of work _____

Fill in the appropriate blanks and check the correct boxes in the tables below

Make	Model no.	Conn. load	Fuel	Flue dia.	Input (BTU)	CFM	Tons	HP

HVAC and refrigeration systems

- Central system
- Add/alter/repair to central system
- Replacements to central system
- Add air conditioning

Ventilation/exhaust systems

- Central system up to 200 CFM
- Single-family
- Multi-family: No. of units _____
- Commercial/industrial

LP to natural gas conversion (includes piping)

No. of space heating units _____
 No. of minor appliances _____

Miscellaneous

- Gas piping: No. of units: _____
- Central electric heating
 - Process equipment
 - Gas fireplaces
 - Refrigeration equipment
 - Heat loss calculation

Effective 1/1/2017 **FEES** 1.5% of job valuation plus state surcharge. (Job valuation X .0005). Minimum fees: Residential \$55 plus state surcharge; Commercial \$65 plus state surcharge. Plan review fee: 10% of permit fee when job valuation exceeds \$50,000.

Please read and sign

I hereby apply for a heating, ventilating and air conditioning permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building/Mechanical Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant's printed name

Applicant's signature

Date

Do not write below this line

Conditions of issuance _____

Fee information

Other fees? Yes No Describe _____ Amount \$ _____

Double fee? Yes No

Number of additional inspections: _____

 Permit approved by _____ Date _____