

# HVAC PERMIT APPLICATION

## METROPOLITAN AIRPORTS COMMISSION

6040-28<sup>TH</sup> AVENUE SOUTH  
MINNEAPOLIS, MN 55450

612-467-0425 (ph)

Email to [MACPermits@mspmac.org](mailto:MACPermits@mspmac.org)

OFFICE USE ONLY  
PERMIT  
NUMBER:

DATE: \_\_\_\_\_ MAC #: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

Job Cost: \$ \_\_\_\_\_

APPLICANT IS: ☐ CONTRACTOR ☐ ARCHITECT ☐ ENGINEER ☐ OTHER

### PROPERTY OWNER/TENANT NAME

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CONTRACTOR Email: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

License Number \_\_\_\_\_ Email: \_\_\_\_\_

### ARCHITECT/ENGINEER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_ Email: \_\_\_\_\_

Class of Work ☐ New ☐ Addition ☐ Alteration/Remodel ☐ Maintenance/Repair/Replace

### TYPE OF STRUCTURE-CHECK ONE ONLY

- ☐ OFFICES, BANKS, PROFESSIONAL
- ☐ STORES, RESTAURANTS, WAREHOUSE
- ☐ HOTELS, MOTELS
- ☐ PARKING GARAGE
- ☐ OTHER NON HOUSEKEEPING SHELTER
- ☐ INDUSTRIAL BUILDINGS
- ☐ PUBLIC WORKS/UTILITIES BUILDING

- ☐ CHURCHES/RELIGIOUS BUILDINGS
- ☐ HOSPITAL AND INSTITUTIONAL BUILDINGS
- ☐ SERVICE STATIONS/REPAIR GARAGE
- ☐ RECREATIONAL, AMUSEMENT
- ☐ OTHER NON-RESIDENTIAL
- ☐ FENCES, SIGNS, ANTENNAS
- ☐ OTHER NON-BUILDING STRUCTURES

PLEASE COMPLETE OTHER SIDE

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

MAKE	MODEL NUMBER	CONN. LOAD	FUEL	FLUE DIAMETER	INPUT (BTU)	CFM	TONS	HP

<u>MECHANICAL ITEM(S)</u>	<u>GAS/OIL UNITS (INSTALL OR REPLACE)</u>
<input type="checkbox"/> AIR CONDITIONING	
<input type="checkbox"/> BOILER	NUMBER OF UNITS UP TO 500,000 BTU _____
<input type="checkbox"/> CHIMNEY/FLUE	
<input type="checkbox"/> DUCTWORK	NUMBER OF UNITS OVER 500,000 BTU _____
<input type="checkbox"/> FACTORY FIREPLACE	
<input type="checkbox"/> FURNACE	
<input type="checkbox"/> PIPING – GAS	
<input type="checkbox"/> PIPING – MEDICAL	<u>FUEL OIL TANKS</u>
<input type="checkbox"/> PIPING – OIL	<u>NON-FUEL OIL TANKS</u>
<input type="checkbox"/> PIPING – STEAM/HOT WATER	NO. OF TANKS _____
<input type="checkbox"/> REFRIGERATION	NO. OF BURIED _____
<input type="checkbox"/> ROOFTOP UNIT	NO. ABOVE GROUND _____
<input type="checkbox"/> SPACE/UNIT HEATER	NO. WITH PIPING _____
<input type="checkbox"/> TEMPORARY HEATING UNIT	NO. TEMP. TANKS _____
<input type="checkbox"/> VENTILATION	
<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER	
	<u>MISCELLANEOUS GAS PIPING</u>
	NUMBER OF UNITS: _____

## FEES - 2% OF JOB COST

DESCRIPTION OF  
WORK \_\_\_\_\_

DOES PROJECT INVOLVE FOOD,  
BEVERAGE, VENDING STORAGE/  
PREPARATION?

☐ YES

☐ NO

*I HEREBY APPLY FOR A HEATING, VENTILATION AND AIR CONDITIONING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCE AND CODES OF THE METROPOLITAN AIRPORTS COMMISSION AND WITH THE MINNESOTA BUILDING/MECHANICAL CODES; THAT I UNDERSTAND THIS 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 A REVIEW AND APPROVAL OF PLANS.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

### OFFICE USE ONLY

CONDITIONS OF ISSUANCE:

OTHER FEES? ☐ YES ☐ NO PLEASE SPECIFY \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

PERMIT APPLICATION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_