

HVAC PERMIT APPLICATION METROPOLITAN AIRPORTS COMMISSION

6040-28TH AVENUE SOUTH
MINNEAPOLIS, MN 55450
612-467-0425 (ph) 612-713-7440 (fx)

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: _____

FAX NUMBER: _____

CONTRACTOR

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

License Number _____ FAX NUMBER: _____

ARCHITECT/ENGINEER

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

REGISTRATION NUMBER _____ FAX NUMBER: _____

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>
τ AIR CONDITIONING	
τ BOILER	NUMBER OF UNITS UP TO 500,000 BTU _____
τ CHIMNEY/FLUE	
τ DUCTWORK	NUMBER OF UNITS OVER 500,000 BTU _____
τ FACTORY FIREPLACE	
τ FURNACE	
τ PIPING – GAS	
τ PIPING – MEDICAL	<u>FUEL OIL TANKS</u>
τ PIPING – OIL	<u>NON-FUEL OIL TANKS</u>
τ PIPING – STEAM/HOT WATER	NO. OF TANKS _____ NO. OF TANKS _____
τ REFRIGERATION	NO. OF BURIED _____ NO. BURIED _____
τ ROOFTOP UNIT	NO. ABOVE GROUND _____ NO. ABOVE GROUND _____
τ SPACE/UNIT HEATER	NO. WITH PIPING _____ NO. WITH PIPING _____
τ TEMPORARY HEATING UNIT	NO. TEMP. TANKS _____ NO. TEMP TANKS _____
τ VENTILATION	
τ OTHER	
τ 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: _____