

*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.*

- |   |   |
|---|---|
| <input type="checkbox"/> 1 New                | <input type="checkbox"/> 2 Addition                   |
| <input type="checkbox"/> 3 Alteration/remodel | <input type="checkbox"/> 4 Maintenance/repair/replace |

### Type of structure

*Check only one.*

- |  |   |
|--|---|
| <input type="checkbox"/> 01 Single-family residential                | <input type="checkbox"/> 45 Recreational, amusement               |
| <input type="checkbox"/> 02 Single-family connected to single family | <input type="checkbox"/> 46 Other non-housekeeping shelter        |
| <input type="checkbox"/> 03 Residential garage                       | <input type="checkbox"/> 65 Industrial buildings                  |
| <input type="checkbox"/> 30 Two-family residential                   | <input type="checkbox"/> 70 Public works and utilities building   |
| <input type="checkbox"/> 31 Three-four family residential            | <input type="checkbox"/> 80 Public schools                        |
| <input type="checkbox"/> 32 Multiple-family residential              | <input type="checkbox"/> 81 Private schools                       |
| <input type="checkbox"/> 40 Offices, banks, professional             | <input type="checkbox"/> 85 Churches and religious buildings      |
| <input type="checkbox"/> 41 Stores, restaurants, warehouse           | <input type="checkbox"/> 88 Hospitals and institutional buildings |
| <input type="checkbox"/> 42 Hotels, motels                           | <input type="checkbox"/> 93 Other non-residential building        |
| <input type="checkbox"/> 43 Parking garage                           | <input type="checkbox"/> 95 Fences, signs, antennas               |
| <input type="checkbox"/> 44 Service stations and repair garage       | <input type="checkbox"/> 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 7/1/2010 **FEES** 1.5% of job valuation plus state surcharge. (Job valuation X .0005). Minimum fees: Residential \$30 plus state surcharge; Commercial \$40 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 \_\_\_\_\_