



2018 Application for Mechanical Permit -- HVAC

7800 Golden Valley Road, Golden Valley, MN 55427-4588
 Phone: (763) 593-8090 Fax: (763) 593-3997 TTY: (763) 593-3968

Date _____ Permit No. _____

Site Address		Suite #
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Applicant: Owner _____ Contractor _____

Property Owner	Name _____ Phone: _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Address _____ City _____ State _____ Zip _____ Phone: _____ Fax: _____ E-mail _____ Contact Person _____ Cell: _____ Contractor License # _____ Expiration Date _____

Work Type:	<input type="checkbox"/> New <input type="checkbox"/> Remodel/Alt. <input type="checkbox"/> Repair <input type="checkbox"/> Replace
Mechanical Permit/ System Type:	<input type="checkbox"/> Htg System -Warm Air-Outdoor (____) <input type="checkbox"/> Make-Up Air Unit <input type="checkbox"/> Paint Booth <input type="checkbox"/> Htg System-Warm Air-Indoor (____) <input type="checkbox"/> Fire/Smoke Dampers <input type="checkbox"/> B-Vent <input type="checkbox"/> A/C (Quantity____) <input type="checkbox"/> Boiler - Low Pressure (____) <input type="checkbox"/> Duct Work <input type="checkbox"/> Infloor Boiler <input type="checkbox"/> Chiller Unit <input type="checkbox"/> Gas Piping (Material _____) <input type="checkbox"/> Hydronic Piping <input type="checkbox"/> Exhaust <input type="checkbox"/> Kitchen Hood (CFM _____) <input type="checkbox"/> Refrigeration <input type="checkbox"/> Unitary System <input type="checkbox"/> Ventilation <input type="checkbox"/> Unit Heater
Office Use Required Inspections/Tests	<input type="checkbox"/> Rough In <input type="checkbox"/> Balancing Report <input type="checkbox"/> Air Pressure Test on Grease Duct <input type="checkbox"/> Gas Line Air Test <input type="checkbox"/> Duct Detector Test <input type="checkbox"/> Refrigeration Piping Test <input type="checkbox"/> Final <input type="checkbox"/> Damper Test <input type="checkbox"/> Damper Test <input type="checkbox"/> Orsat Test <input type="checkbox"/> Capture & Containment <input type="checkbox"/> Supervised Start-Up on Make-Up Air <input type="checkbox"/> Heating Appliance Replacement Checklist <input type="checkbox"/> Other <input type="checkbox"/> Hydronic Piping Tes

(OVER)

Description of Heating Plant

Hot Water _____	Steam _____	Warm Air _____
Manufacturer _____	Model _____	
Input BTU _____	Output BTU _____	Kind of Fuel _____
<u>Air Conditioning System</u>		
Capacity in tons _____	Make and Model Number _____	

<i>CFM Per Unit</i> _____	
<i>Length of New Gas Line</i>	
<i>Inside Building</i> _____	<i>Outside Building</i> _____
<i>Note: 12' of line requires an air test</i>	

Estimated Value of Work \$ _____

Fees	
Heating	\$ _____
State Surcharge	\$ _____
<small>(State Surcharge is Value X .0005)</small>	
Plan Review	\$ _____
TOTAL	\$ _____

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Golden Valley to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Golden Valley and the State of Minnesota.

Applicant's Signature

Date

Permit Approved By:

Date Approved:

