



HVAC Permit Application

Project Address/Description or Property PIN							
Building Square Footage		Type/Use of Building			Valuation (labor and materials)		
Owner Information				General Contractor Information			
Name				<input type="checkbox"/> Homeowner – Requires Homeowner Statement			
If business, Contact Name				Company Name			
Address				Contact Name			
City, State, Zip				Address			
Phone				City, State, Zip			
Email				Phone			
Other Information				Email			
Preferred Contact Method: (Check One)		<input type="checkbox"/> Phone	<input type="checkbox"/> Email	License Number		Expiration	
Class of Work (check one)				Preferred Contact Method: (Check One)		<input type="checkbox"/> Phone <input type="checkbox"/> Email	
<input type="checkbox"/> New (New building)				<input type="checkbox"/> Add (Addition to existing building)			
<input type="checkbox"/> Alter (Modify existing building)				<input type="checkbox"/> Repair/Replace (Modify existing materials)			
<input type="checkbox"/> Renew (Application/Permit)							
Describe Work Being Done:				Note: At a minimum, heat loss calculations are required for all heating and/or cooling systems being installed (additional information may be required).			
Equipment	Qty	Equipment	Qty	Equipment	Qty	Equipment	Qty
Gas or Oil Piping		In-floor System		Wood Burning		Insert	
Furnace		Alter System		Space Heater		Duct System	
Boiler		Air Conditioning		Direct Vent Unit		Air Exchanger	
Gas Fireplace		Hot Water System		Pool Heater		Gas Log	
Other		Other		Other		Other	
<p>Notice: Separate permits are required for building, HVAC, utility connections and electrical.</p> <p>This application shall be considered abandoned after 180 days unless permit is issued; Minnesota Rules 1300.0120, Subp 9.</p> <p>All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state law or local law regulating construction or the performance of construction. Minnesota Rules 1300.0120, Subp 14</p> <p>Submission of this application hereby gives permission for any city official who had the responsibility to perform a duty related to this application to enter this property during a reasonable time for the purpose of determining the merits of your request; § 10.20 ENFORCEMENT, C.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct.</p>							
						Applicant (Check one)	
Signature of Applicant _____						<input type="checkbox"/> Owner <input type="checkbox"/> Contractor	
						Date _____	
Office Use	Residential	Each Piece of Equipment: _____ X \$25.00 = _____		Commercial		Valuation: _____ X 0.015 = _____	
		State Surcharge: \$1.00		Base Fee: \$75		Plan Review: _____	
		Total: (Equipment+SSC) _____				State Surcharge: _____	
		Minimum Total: \$51.00				Total: (Base+Val+Plan+SSC) _____	
Permit Number (office use)			Email: flinspections@ci.forest-lake.mn.us			Application Number (office use)	

Designer List

Please identify all designers involved in this project.

Discipline	Name	Phone	Email	Preferred Contact	
HVAC				<input type="checkbox"/> Phone	Email <input type="checkbox"/>