



CPED Development Services 505 Fourth Ave S - Room 320 Minneapolis, MN 55415 – 1316 Office 612-673-3000 or 311 TTY 612-673-2157 Email completed application to: development@minneapolismn.gov www.minneapolismn.gov/mdr	Office Use Only A/P# _____ Amount _____ Notification(s) _____ _____ Development Coordinator _____ Date _____
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Mechanical Permit Application

Application Type and Occupancy Type		
Residential – Existing 1-2 Family	Residential – Additions & New 1-2 Family Construction	Commercial/Multi-Family (3+ units)
<input type="checkbox"/> Accessory <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Townhome <input type="checkbox"/> Two-Family Dwelling	<input type="checkbox"/> Accessory <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Townhome <input type="checkbox"/> Two-Family Dwelling	<input type="checkbox"/> New Construction & Remodel (ComMFDNR) <input type="checkbox"/> Repair, Replacement, or Refrigeration (ComMFDRR) <small>(See Plan Requirement Items 2-4 below)</small>

VALUATION OF WORK (FULL CONTRACT AMOUNT) IS REQUIRED
(Residential –Additions & New 1-2 Family and Commercial/Multi-Family (3+ units))

\$ _____

Value of work (contract amount) must include the cost of installations, alterations, additions or repairs, including all labor and material supplied by the contractor & overhead. It shall include all material supplied by other sources (building owners) when these materials are normally supplied by the contractors. When additional components being installed with no space to indicate, attach a list to the application describing each of them. A copy of your contract should be available per request.

PLAN REQUIREMENT:

1. New and remodel Commercial projects including "Residential" 4 or more dwellings - plans required.
2. Repairs - no plan required. 3. Equipment Replacement - upon request. 4. Refrigeration for walk-in coolers and freezers – upon request.

Work will include: _____ High pressure steam (Provide MN High Pressure license # _____) _____ Low pressure steam
 _____ Gas piping _____ Hot water piping _____ Chilled water piping _____ Ammonia system _____ Solar heat _____ Make up air
 _____ Oil burner/piping _____ Solid fuel fireplace/chimney _____ Air pollution control system _____ Gas or diesel generator

JOB ADDRESS
 (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL), Apt/Unit#/Suite#

ESTABLISHMENT NAME	ESTABLISHMENT PHONE
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Applicant Type: Contractor Property Owner (Residential only, must comply with MCO 85.80 for owner/occupants)

APPLICANT NAME <small>(Business Name if Contractor)</small>	PAYMENT CONTACT PHONE
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ADDRESS	CITY	STATE	ZIP
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PROJECT DOX CONTACT NAME <small>(FIRST AND LAST NAME REQUIRED)</small>	PROJECT DOX CONTACT PHONE
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CONTACT EMAIL
(Email address includes person responsible for Project Dox)

CERTIFICATION STATEMENT
 I hereby certify that: I am authorized to make this application; all information provided on this application or in other submittals is true and accurate to the best of my knowledge; authorization from the owner to perform the proposed work has been granted; all work performed as part of any permit will comply with all applicable state and municipal laws and ordinances, and any required contractor license, personal license, or certificate of competency will be obtained prior to any work being performed. I understand that the issuance of a permit does not grant any contractor license, certificate of competency, business license, or other license, and unlicensed persons shall not be hired to perform work that requires a license or certificate of competency.

SINGLE FAMILY HOMEOWNER APPLICANTS ONLY: Homeowners requesting the license exemption in MCO85.80 for a mechanical or plumbing permit for a single-family dwelling are required to own and currently occupy the dwelling for which the permit is issued. All gas piping and gas venting for heating appliances must be done by a licensed gas installer and requires a separate permit before this permit is issued. Any in-floor heating installations must be approved by the Mechanical Reviewer.

SIGNATURE _____ DATE _____

MAKE CHECKS PAYABLE TO: MINNEAPOLIS FINANCE DEPARTMENT, OR CHARGE TO

ALL MAJOR CREDIT CARDS ACCEPTED	Credit card information may not be submitted electronically. Staff will follow up with the contact listed above for payment.
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JOB ADDRESS (Include #, Street Name and Directional): _____

DESCRIPTION OF WORK (CHECK (v) below for all components of the job that apply)

Description of work: Including location of work or floor numbers if multi-story building. Your description should clearly identify the extent of your work and the HVAC and refrigeration equipment being used. If the work involves a new commercial HVAC system or change in load in commercial space, you will need to provide engineered drawings along with ventilation and load calculations with this permit to avoid permit denial. Vent/hood calculations must be provided for field inspector when over 300 CFM.

Fill out this portion for Residential 1 & 2 Family Dwelling projects

Existing 1 or 2 Family Dwelling (Level 1, 2 or 3 Flat Fee)	OR	New 1 or 2 Family Const. or Addition
<p>Level 1 (indicate quantity of each item being installed): <input type="checkbox"/> Fin Tube Radiation &/or In-floor heat <input type="checkbox"/> Supply or return openings (1-6: more than 6 opening go to level 3) <input type="checkbox"/> Fresh air intake <input type="checkbox"/> Air cleaner <input type="checkbox"/> Humidifier <input type="checkbox"/> Dryer vent <input type="checkbox"/> Bath fans <input type="checkbox"/> Kitchen Vent(____CFM) <input type="checkbox"/> HRV/ERV <input type="checkbox"/> Gas piping(____linear feet) <input type="checkbox"/> Solid fuel Heat device <input type="checkbox"/> A/C or Heat pump add on or replacement <input type="checkbox"/> Other (describe above)</p> <p>Level 2 (All Level 1 work can be included under level 2; Indicate quantity of each item being installed in 1 levels 1 and or level 2): <input type="checkbox"/> Change out boiler (Incidental piping included) <input type="checkbox"/> Change out furnace (Plenum work included) <input type="checkbox"/> Add or replace space heating unit</p> <p>Level 3 (All Level 1 and level 2 work can be included under level 3; Indicate quantity of each item being installed in all 3 levels): <input type="checkbox"/> Remove existing heat/cool/vent system and install a new system <input type="checkbox"/> Extend heat/cool/vent system in an existing non-conditioned space <input type="checkbox"/> Supply or return openings (7+ openings)</p> <p>Provide the following information when applicable to the proposed work indicated above: Total heat loss _____ BTUH Input _____ BTUH of heating equipment Output _____ BTUH of A/C System Type of A/C system: <input type="checkbox"/> Central/Split <input type="checkbox"/> Ductless Mini-split <input type="checkbox"/> High Velocity <input type="checkbox"/> Heat Pump</p>		<p>_____ Total heat loss</p> <p>Heating equipment _____ BTUH input of <input type="checkbox"/> Furnace or <input type="checkbox"/> Boiler or <input type="checkbox"/> Other _____ BTUH input of <input type="checkbox"/> Furnace or <input type="checkbox"/> Boiler or <input type="checkbox"/> Other Describe Other _____</p> <p>A/C equipment _____ BTUH of A/C System Type of system: <input type="checkbox"/> Central/Split <input type="checkbox"/> Ductless Mini-split <input type="checkbox"/> High Velocity <input type="checkbox"/> Heat Pump</p> <p>Ventilation equipment <input type="checkbox"/> Number of bath fans <input type="checkbox"/> HRV/ERV <input type="checkbox"/> Other <input type="checkbox"/> Kitchen vent (_____ CFM) <input type="checkbox"/> Dryer vent Square feet of conditioned space _____</p> <p>Is there any ductwork outside the building thermal envelope? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the square footage of the conditioned space? _____</p>

Fill out this portion for Commercial & Multi-Family (3+ units) projects

Building where work is done is: Addition to existing New construction Existing
 _____ Square feet of affected project area

Provide information when applicable to the proposed work indicated below for any equipment being installed

Heating Equipment	A/C Equipment	Ventilation Equipment	Refrigeration (Low-temp) Equipment
Indicate # of burners _____ 0-399,999 BTUH _____ 400,000 or more BTUH Appliance Eff % _____ Type of heat _____ Heat loss _____	A/C size _____ BTUH Ductless mini-split _____ Central/Split system _____ Other _____	CFM hood exhaust _____ CFM Makeup Air _____ Hood Type: I _____ II _____	Indicate # of system _____ 0 to 36,000 BTUH _____ 36,001 or More BTUH

Temporary heat (A separate application and permit are required for temporary heat and shall not be included with other mechanical work)
 Number of heat sources being used _____ Fuel source: Natural gas _____ LP (propane) gas _____ Fuel oil _____

PERMIT FEES ARE AVAILABLE AT: <http://www.minneapolismn.gov/mdr>

Asbestos Notification: If asbestos is disturbed as part of the work on this permit, no inspections will occur until any required abatement has been completed.

Heat loss calculations and/or ORSAT test calculations are required to be on-site for review by area inspector.