

City of Farmington

430 Third St., Farmington, MN 55024
651-280-6830 Fax 651-280-6839



Application for Mechanical Permit HVAC

Date _____

Permit No. _____

Site Address	_____
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Applicant: Owner ____ Contractor ____

Property Owner	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____ Email address _____
Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____ Email address: _____

FORM ONLY VALID THROUGH 12/31/19

Work Type:	<input type="checkbox"/> - New <input type="checkbox"/> - Remodel/Alt. <input type="checkbox"/> - Repair <input type="checkbox"/> - Replace (Provide job cost for non-residential projects.)
Mechanical Permit/ System Type: (Maximum of 4 different types)	<input type="checkbox"/> - Heating (Quantity ___) <input type="checkbox"/> - Air (Quantity ___) <input type="checkbox"/> - Power Plant <input type="checkbox"/> - Ventilation <input type="checkbox"/> - Gas Piping <input type="checkbox"/> - Garage Heater <input type="checkbox"/> - Duct Work <input type="checkbox"/> - Refrigeration <input type="checkbox"/> - Exhaust
Fuel	<input type="checkbox"/> - Natural Gas <input type="checkbox"/> - Wood <input type="checkbox"/> - Electric <input type="checkbox"/> - Fuel Oil <input type="checkbox"/> - Propane <input type="checkbox"/> - Solar
Office Use Required Inspections/Tests	<input type="checkbox"/> - Rough In (Ductwork) <input type="checkbox"/> - Gas Line Test (24Hr.) <input type="checkbox"/> - Final <input type="checkbox"/> - ORSAT <input type="checkbox"/> - Other _____

(Over)

System Description

	1	2	3	4
System Type	_____	_____	_____	_____
Quantity	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Fuel	_____	_____	_____	_____
Flue Size	_____	_____	_____	_____
Output	_____	_____	_____	_____
CFM Total	_____	_____	_____	_____
CFM Outside	_____	_____	_____	_____
Tons	_____	_____	_____	_____
Horsepower	_____	_____	_____	_____

Estimated Value of Work \$ _____ **(Non-residential only)**

Residential:	New Construction	\$86.00 (\$86.00 +1.00 s/c)	Commercial:	1.25% of contract cost + surcharge
	Repair/Replace	\$56.00 (\$55.00 +1.00 s/c)		(Contract valuation x .0005)
				Minimum of \$101.00 (\$100.00 +1.00 s/c)

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 Farmington 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 Farmington and the State of Minnesota.

_____/_____
Applicant's Signature/Date