



City of Rochester
Building Safety Department
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 Rochester MN 55904-4744
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HYDRONIC SYSTEMS Permit Application

Office Use Only	(2/10)
App. No. _____	

Date _____ Building Permit Application No. _____
 (If this work is associated with a building permit)

Tenant/Building Name _____

Work Site Address _____
 Number _____ Street _____ Suite/Unit No. _____

Applicant is: Owner Contractor Other (describe) _____

Property Owner	Name _____ Phone (____) _____ <small>Last First MI</small>
	Address _____
	City _____ State _____ Zip Code _____

Contractor	Company _____
	Phone _____ - _____ - _____ Fax _____ - _____ - _____ E-mail _____
	Name _____ MN Master Lic. # _____ <small>Last First MI</small>
	Address _____
	City _____ State _____ Zip Code _____

Permit Type	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family
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Work Category	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
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Project Description	Description of Work _____ _____ _____
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Valuation of Work	Total Valuation of Work \$ _____ (Materials and Labor)
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Permit Fees	1. Application Fee \$ 25.00	*Permit Fee Schedule: <table border="1"> <tr> <th>Valuation</th> <th>Permit Fee</th> </tr> <tr> <td>\$1 to \$500</td> <td>none</td> </tr> <tr> <td>\$501 to \$1,000</td> <td>\$10.00</td> </tr> <tr> <td>\$1,001 and up</td> <td>\$10.00 per \$1,000 or fraction thereof</td> </tr> </table>	Valuation	Permit Fee	\$1 to \$500	none	\$501 to \$1,000	\$10.00	\$1,001 and up	\$10.00 per \$1,000 or fraction thereof	Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Trust Account
	Valuation		Permit Fee								
	\$1 to \$500		none								
	\$501 to \$1,000		\$10.00								
\$1,001 and up	\$10.00 per \$1,000 or fraction thereof										
2. Permit Fee* _____											
3. State Surcharge _____ (.0005 X valuation)											
Total Fees _____ <i>Total of #1, 2 and 3 above</i>											

PLEASE CONTINUE ON OTHER SIDE

System Type	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Chilled Water	<input type="checkbox"/> Low Pressure Steam
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HEATING/COOLING EQUIPMENT PROVIDED
 Fill in the appropriate blanks in the table below.

Make	Model No.	Combustion Air Size	Fuel	Flue Dia.	Input (BTU)	CFM	Tons	No. units

I hereby apply for a hydronic systems permit and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.

Applicant's Signature Date