



CITY OF ROCHESTER
BUILDING SAFETY DEPARTMENT
PLAN REVIEW & PERMIT SERVICES DIVISION
 4001 West River Parkway NW Ste. 100 Rochester, MN 55901
 Phone: 507-328-2600
 Office Hours: Monday – Friday 8 am – 5 pm
buildingsafety@rochestermn.gov
www.rochestermn.gov/BuildingSafety

HYDRONIC SYSTEMS Permit Application

| | |
|-----------------|---------|
| Office Use Only | (01/20) |
| 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 _____ Email _____ |
| | City _____ State _____ Zip Code _____ |

| | |
|-------------------|--|
| Contractor | Company _____ MN Master Lic. # _____ |
| | Phone _____ - _____ - _____ E-mail _____ |
| | Name _____ <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 |
|--------------------|--------------------------------------|-------------------------------------|---------------------------------------|

| | | | |
|----------------------|------------------------------|-----------------------------------|-------------------------------------|
| Work Category | <input type="checkbox"/> New | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration |
|----------------------|------------------------------|-----------------------------------|-------------------------------------|

| | |
|----------------------------|---------------------------------------|
| Project Description | Description of Work _____ _____ |
|----------------------------|---------------------------------------|

| | |
|--------------------------|--|
| Valuation of Work | Total Valuation of Work \$ _____ (Materials and Labor) |
|--------------------------|--|

| | | | | |
|----------------------------|---|--|--------------------|--|
| Permit Fees | 1. Application Fee \$ 25.00 | *Permit Fee Schedule: | Method of Payment: | |
| | 2. Permit Fee* _____ | | | Valuation Permit Fee <input type="checkbox"/> Check <input type="checkbox"/> Credit Card** |
| | 3. State Surcharge _____ (.0005 X valuation) | | | \$1 to \$500 none <input type="checkbox"/> Cash <input type="checkbox"/> Trust Account |
| | Total Fees _____ | | | \$501 to \$1,000 \$10.00 |
| Total of #1, 2 and 3 above | | \$1,001 and up \$10.00 per \$1,000 or fraction thereof | | |

PLEASE CONTINUE ON OTHER SIDE

| | | | |
|--------------------|------------------------------------|--|---|
| System Type | <input type="checkbox"/> Hot Water | <input type="checkbox"/> Chilled Water | <input type="checkbox"/> Low Pressure Steam |
|--------------------|------------------------------------|--|---|

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 Rochester Code of Ordinances Chapter 10-2, Sections 10-2-6 – 10-2-9. 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). (RCO Chapter 4-3)

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. (RCO Chapters 4-3, 4-4)

| | |
|---------------------------------------|----------------------|
| _____ <i>Applicant's Signature</i> | _____ <i>Date</i> |
|---------------------------------------|----------------------|