



City of Rochester
Building Safety Department
 2122 Campus Drive SE Suite 300
 Rochester, MN 55904
 Phone: 507-328-2600 Fax: 507-328-2601
 Office Hours: Monday – Friday 8 am – 5 pm
buildingsafety@rochestermn.gov
www.rochestermn.gov/BuildingSafety
www.rochestermn.gov/CitizenAccess

MECHANICAL - HVAC Permit Application

Office Use Only	(06/19)
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
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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:	Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card** <input type="checkbox"/> Cash <input type="checkbox"/> Trust Account <small>**due to PCI compliance, we cannot accept credit card payments over the phone</small>		
	2. Permit Fee* _____			Valuation	Permit Fee
	3. State Surcharge _____ (.0005 X valuation)			\$1 to \$500	none
	Total Fees _____			\$501 to \$1,000	\$10.00
	<i>Total of #1, 2 and 3 above</i>	\$1,001 and up	\$10.00 per \$1,000 or fraction thereof		

PLEASE CONTINUE ON OTHER SIDE

System Type	<input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Refrigeration
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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

Chimney Liner Flue Diameter _____

System Type	<input type="checkbox"/> Ventilation/Exhaust
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VENTILATION EQUIPMENT PROVIDED
 Check the boxes below that apply.

- | | |
|---|---|
| <input type="checkbox"/> Bathroom/Water Closet Compartment
<input type="checkbox"/> Domestic Kitchen Hood
<input type="checkbox"/> Dryer/Laundry Room
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Commercial Kitchen Hood
<input type="checkbox"/> Habitable Rooms/Public Corridors
<input type="checkbox"/> Other _____ |
|---|---|

I hereby apply for a mechanical 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).

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