



**Development Review
Customer Service Center**
250 South 4th Street – Room 300
Minneapolis, MN 55415 – 1316

Office 612-673-3000
or 311
Fax 612-370-1416
TTY 612-673-2157
www.minneapolismn.gov/mdr

Office Use Only

Routing# _____ T# _____

Amount\$ _____ Permit# _____

Development Coordinator _____
Signature _____ Date _____

**HEATING / MECHANICAL
APPLICATION**

JOB ADDRESS (PLEASE INCLUDE BLDG. #, STREET NAME & DIRECTION & BLDG. NAME IF KNOWN)
OWNER / OCCUPANT AND PHONE NUMBER

TYPE OF WORK TO BE DONE: CONST___ INSTALL___ REPLACE___ ALTER___ REPAIR___ VALUE OF WORK \$ _____

WORK TO BE DONE WILL INCLUDE (CHECK ALL THAT APPLY)		
√	TYPE OF WORK	VALUE OF WORK
	HIGH PRESSURE STEAM	\$
	LOW PRESSURE STEAM	\$
	HOT WATER	\$
	GAS PIPING / GAS VENTING	\$
	SOLAR HEAT	\$
	VENTILATION / WARM AIR	\$
	CHILLED WATER	\$
	REFRIGERATION / AIR CONDITIONING	\$
	OIL BURNERS	\$
	FACTORY BUILT FIREPLACE OR CHIMNEY	\$

TYPE OF EQUIPMENT	
LOW TEMP. REFRIGERATION	
@	BTU
GAS BURNERS	
@	BTU
@	BTU
@	BTU
TEMPORARY GAS HEATERS	
MIN BASE FEE PER/PERMIT	NO. of Htrs.

DESCRIPTION OF WORK: INCLUDE LOCATIONS OR FLOOR NUMBERS IF MULTI-STORY BLDG. LIST TYPE AND CAPACITY OF EACH PIECE OF EQUIPMENT BEING INSTALLED.	PERMIT FEE CALCULATION	
	VALUE OF WORK FEE	\$
	REFRIG. OR BURNER FEE	\$
	MN STATE SURCHARGE	\$
	TOTAL PERMIT FEE	\$

I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license. Homeowners shall not hire unlicensed persons to perform work under any building, electrical, mechanical or plumbing permit.

SIGNATURE: _____ **DATE:** _____

COMPANY NAME:	CONTRACTOR LICENSE #:
COMPANY ADDRESS:	CONTACT PERSON:
CITY: STATE: ZIP CODE:	CONTACT PHONE #:
EMAIL:	

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

ALL MAJOR CREDIT CARDS ACCEPTED	ACCOUNT#	EXP DATE: Mo ___ Yr ___
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