



**City of Duluth  
Construction Services & Inspections Division**

411 West First Street • Room 210 • Duluth, Minnesota • 55802-1194  
218-730-5300 • Fax: 218-730-5901 • www.duluthmn.gov/onestop/

An Equal Opportunity Employer

BHVAC \_\_\_\_\_

Parcel ID \_\_\_\_\_

LUT \_\_\_\_\_

## HVAC PERMIT APPLICATION

Site Address: \_\_\_\_\_

Application Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Project Manager: \_\_\_\_\_

PM Phone \_\_\_\_\_

PM Email \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Mechanical Engineer: \_\_\_\_\_

ME Phone: \_\_\_\_\_

ME Email: \_\_\_\_\_

Permit Sub-type (circle):

Furnace Replace

Residential

Commercial

Description of Proposed Work Authorized by Permit: \_\_\_\_\_

**Project Type:** Owner Occupied 1-Family Home

Owner Occupied 2-Plex Unit

Other Residential

Non-Residential

**Type of Fuel:**

**Furnace Make:**

**Furnace Efficiency**

**Input BTUs:**

**Water Heater Type:**

**CFM (AC):**

**Tons (AC):**

**I do hereby make application for a permit. Application and accompanying documents are complete and accurate. Work will be consistent with the plans and information provided with the permit application and shall comply with applicable codes, ordinances and laws and conditions of approval. Work will not begin until a permit has been issue by this office .**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Project Valuation:**

**Permit Fee:**

**Investigation Fee:**

**Plan Review Fee:**

**State Surcharge:**

**TOTAL FEES:**