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**	
Owner	**Owner Phone**	

Following Section Required for Commercial Projects

Project Manager	**PM Phone**	**PM Email**
Mechanical Engineer	**ME Phone**	**ME Email**

Mechanical Plans

☐ **Two copies are submitted with this application**

☐ **Previously submitted**

Indicate Design Firm Name and Plan or Revision Date (required)

Firm *Plan or Rev Date*

☐ **Not required**

Permit Type ☐ Furnace Replace
☐ Residential
☐ Commercial

Complete Description of Proposed Work for which Permit is Requested:

Building Use	☐ 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:	
Tons (AC):	
Project Valuation:	
Permit Fee:	
Investigation Fee:	
Plan Review Fee:	
State Surcharge:	
TOTAL FEES:	

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 issued by this office.

Applicant Signature *Date*