

City of Birchwood Village HVAC PERMIT APPLICATION

Jack Kramer -- Building Official
10090 Oakgreen Avenue North
Stillwater, MN 55082
Office Ph. # 651-351-5051

Permit No: _____

Date Issued: _____

Date Paid: _____ Check # _____

Project Address _____

Permit Applicant _____ Phone No _____

Contractor License No _____ Expiration Date _____

Electrical Contractor doing the wiring: _____

Homeowner _____ Phone No _____

Permit For _____ Est. Cost \$ _____

Description of Work: _____

Scope of work -- Check all that apply:

Furnace Hot Water Boiler Gas piping Gas Fireplace
 Air Conditioner Refrigeration Gas Log Wood Fireplace
 Ductwork Ventilation/Exhaust Log Lighter Other _____

Equipment to be Installed:

Type of Equipment	Manufacturer	Model No.	Fuel	Flue Dia.	Input/BTU's	CFM	Tons

Air to Air Exchanger

Heat / Energy (circle one) Recovery Ventilator

Manufacturer	Model No	Defrost Deduction	Rated low capacity	Rated high capacity
		%	cfm	cfm

OFFICE USE ONLY

Approved By	Date	ORSAT test required:	City Fee \$ _____
Official			State Surcharge Fee \$ _____
Disapproved By	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	HVAC Permit Fee \$ _____
Official			

-- 24 HOUR NOTICE REQUIRED ON ALL INSPECTIONS --

The applicant shall comply with all provisions of the State Building, Plumbing, Mechanical, Electrical, and Fire Codes, as well as all city ordinances governing zoning and buildings. The State of Minnesota regulates all electrical work. The applicant declares that all facts and representations on this application are true and correct and agrees to comply with all City and State codes and ordinances.

Signature of Applicant _____

Date _____