



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-3938

APPLICATION FOR A HEATING, VENTILATION & AIR CONDITIONING PERMIT

Date _____ Structure Used As _____

Owner _____ Phone # _____

Site Address _____ city _____ State _____ zip _____

Legal Description Lot _____ Block _____ Subdivision _____

Sec _____ Twp 33N Range 21W Zone _____ PIN (Tax) Number R _____

Heating Contractor Name _____ Phone # _____ PLEASE PRINT

Contact Person _____

Address _____

Job Description _____ Estimated Cost \$ _____

Fuel Source _____ Oil _____ Gas (Natural or LP?) _____ Wood/Solid Fuel _____

Scope of work – Check all that apply

- ___ Furnace ___ Hot Water Boiler ___ Gas Piping ___ Gas Fireplace
___ Air Conditioner ___ Refrigeration ___ Gas Log ___ Man. Wood Fireplace
___ Ductwork ___ Ventilation/Exhaust ___ Log Lighter ___ Misc. Other _____

Equipment that will be installed:

Table with 8 columns: Type of equipment, Manufacturer, Model No., Fuel, Flue Dia., Input/BTU's, CFM, Tons

Air to Air Exchanger Heat / Energy (circle one) Recovery Ventilator

Table with 5 columns: Manufacturer, Model No., Defrost Deduction, Rated low capacity, Rated high capacity

The installation of a solid fuel appliance or an exhaust system of 300 CFM or more will require the submittal of a ventilation worksheet.

Provide the name of the electrical contractor doing the wiring: _____

To install gas piping you must be licensed with the city of Wyoming License # _____ GL _____

The undersigned agrees to do all work in conformance with The Minnesota State Building Code and herewith declares that all facts and representations on this application are true and correct.

THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DEPARTMENT WHEN READY FOR INSPECTIONS.

Signed _____ Date: ____/____/____

OFFICE USE ONLY ORSAT Test Required ___ Yes ___ No

Required Inspections: ___ Rough-In ___ Gas Line Pressure Test ___ Final

APPROVED / DISAPPROVED By: _____ Date ____/____/____

Permit # _____ Official Date Paid ____/____/____ Check # _____