



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd, PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947

permits@wyomingmn.org

## HEATING, VENTILATION & AIR CONDITIONING PERMIT APPLICATION

Date \_\_\_\_\_ Structure Used As \_\_\_\_\_

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Site Address \_\_\_\_\_  
Address City State Zip

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township 33N Range 21W Zone \_\_\_\_\_

Subdivision \_\_\_\_\_ PIN Number R21.

Heating Contractor: Name \_\_\_\_\_ License # \_\_\_\_\_

Homeowner

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Job Description \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Fuel Source:  Oil  Natural Gas  LP Gas  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  Other: \_\_\_\_\_

Equipment that will be installed:

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

Air To Air Exchanger: Heat or Energy Recovery Ventilator (please circle)

Manufacturer	Model No.	Defrost Deduction	Rated low capacity	Rated high capacity
		%	CFM	CFM

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 # \_\_\_\_\_

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 DEPT. WHEN READY FOR INSPECTIONS.**

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

Date \_\_\_\_\_

This permit may be issued only to a licensed heating contractor or to an owner who occupies the single-family dwelling - MN Statute 326B.46

OFFICE USE ONLY

ORSAT Test Required:  Yes  No

Required Inspections:  Rough-In \_\_\_/\_\_\_/\_\_\_  Gas Line Pressure Test \_\_\_/\_\_\_/\_\_\_  Final \_\_\_/\_\_\_/\_\_\_

APPROVED / DISAPPROVED By \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Permit # \_\_\_\_\_