



**City of South St. Paul**  
 125 Third Avenue North  
 South St. Paul, MN 55075  
 Phone: (651) 554-3220  
 Fax: (651) 554-3211

<i>For Office Use Only</i>
Permit No. _____
Date: _____

## HVAC PERMIT APPLICATION

<b>Job Address:</b>	_____
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**OWNER INFORMATION:**

Property Owner: _____		Telephone: (    ) _____	
Address: _____	City: _____	State: _____	Zip: _____

**CONTRACTOR INFORMATION:**

Contractor: _____		Telephone: (    ) _____	
Address: _____	City: _____	State: _____	Zip: _____

**Type of Permit:**

<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial

<input type="checkbox"/> Heating
<input type="checkbox"/> Air Conditioning

**MODEL INFORMATION:**

Manufacturer _____	Manufacturer _____
Model No./Size _____	Model No./Size _____
Backflow Prevention _____	Serial Number _____

**COMMERCIAL VALUATION** \$ \_\_\_\_\_

Under \$3,500 (1 inspection) \$ 75.00  
 Under \$3,500 (2 inspections) \$125.00  
 Over \$3,500 - 2% of valuation or \$225.00 minimum

MN State Surcharge = Valuation x .0005 (1.00 minimum)

RESIDENTIAL HEATING		RESIDENTIAL AIR CONDITIONING	
Boiler (30.00)		Air Conditioner** (30.00)	
Duct Work (30.00)		Air Handler (30.00)	
Air Filter (30.00)		Refrigeration (30.00)	
Furnace (30.00)			
Fireplace (30.00)			
Gas Piping (40.00)			
Gas Certification (30.00)			
Humidifier(30.00)			
Ventilation (30.00)			
Sub-total →		Sub-total →	

Permit Fee	ADD 25.00	
MN State Surcharge	ADD 1.00	Total Cost of Permit    \$ _____

**\*\*NOTE: Setbacks for central air conditioners must be a minimum of 5 feet from the side property line**

**INSPECTIONS REQUIRED** - CALL (651) 554-3220 TO SCHEDULE AN INSPECTION (Please allow at least 48 hour advance notice)

Air Test	Duct Work	Final Heating
Gas Test	Rough-In	Final Air Conditioning

**X** \_\_\_\_\_  
 Owner/Contractor Signature  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Building Official Signature  
 Date: \_\_\_\_\_