



**CITY OF LONG LAKE**  
 450 VIRGINIA AVENUE  
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 LONG LAKE, MN 55356  
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 www.ci.long-lake.mn.us

# HEATING, VENTILATING & A/C PERMIT # \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

WORK DESCRIPTION \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SITE ADDRESS _____		SUITE/UNIT _____
PID # _____		
LOT # _____	BLOCK # _____	SUBDIVISION/SECTION _____
TYPE OF BUILDING		
<input type="checkbox"/> OLD	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION

VALUATION OF WORK (excluding land) \$ _____
ESTIMATED COMPLETION DATE: _____

**OWNER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

PERMIT FEE	\$ _____
PLAN CHECK FEE	\$ _____
STATE SURCHARGE	\$ _____
PENALTY	\$ _____
OTHER _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**CONTRACTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Gas Fitters License # \_\_\_\_\_

**WARM AIR**

Gravity \_\_\_\_\_ Forced \_\_\_\_\_

Input B.T.U. \_\_\_\_\_ Output B.T.U. \_\_\_\_\_

New \_\_\_\_\_ Replacement \_\_\_\_\_ Addition \_\_\_\_\_

Extension \_\_\_\_\_ Name \_\_\_\_\_

Flue Size \_\_\_\_\_ Type \_\_\_\_\_

Liner Size \_\_\_\_\_ Fuel \_\_\_\_\_

**CERTIFICATION**

A certificate of occupancy must be requested and issued prior to use or occupancy of work permitted. This permit shall expire and be null and void if the work authorized is not commenced within 180 days of the date of issuance or if work is abandoned or suspended for a period of 180 days. Term of permit is 12 months from date of issue.

This permit may be revoked at any time upon the violation of any of the provisions of said code.

I hereby agree that in case a permit is granted all work which shall be done and all materials which shall be used, comply with the city code of Long Lake.

APPLICANT **X** \_\_\_\_\_

Enforcement and administration of the Minnesota State Building Code is a public service and is of necessity limited in nature. Consequently, this building permit and the subsequent building inspections are not to be construed or relied upon as any type of warranty, guarantee, or representation on the part of the city that the plans, construction or finished product are necessarily in conformance with the provisions of the Minnesota State Building Code or other applicable construction standards. Further, the City assumes no responsibility or liability for damages of any nature allegedly arising out of the issuance of this permit or subsequent inspections.

**AIR CONDITIONING SYSTEM**

Summer \_\_\_\_\_ All Year \_\_\_\_\_

Tons \_\_\_\_\_ CFM \_\_\_\_\_ Ductwork \_\_\_\_\_

Partial Cooling \_\_\_\_\_ Full Cooling \_\_\_\_\_

Cooling Load \_\_\_\_\_ Outside Air CFM \_\_\_\_\_

**GAS FITTING PERMITS**

Stove  Grill  Dryer  Furnace  Other

Pipe Size \_\_\_\_\_ No. Fixture Outlets \_\_\_\_\_

**WET HEAT**

Steam \_\_\_\_\_ Hot Water \_\_\_\_\_

Gross Sq. Ft. \_\_\_\_\_ Input B.T.U. \_\_\_\_\_

New \_\_\_\_\_ Replacement \_\_\_\_\_ Addition \_\_\_\_\_

Extension \_\_\_\_\_ Name \_\_\_\_\_

Flue Size \_\_\_\_\_ Type \_\_\_\_\_

Liner Size \_\_\_\_\_ Fuel \_\_\_\_\_

Load \_\_\_\_\_ (Sq. Ft.) \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE PAID \_\_\_\_\_ CHECK # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

**VENTILATION**

No. of Fans \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_

C.F.M. Del. \_\_\_\_\_ Static Pressure \_\_\_\_\_

Where Used \_\_\_\_\_

Building Official: \_\_\_\_\_

WHITE Office      YELLOW Bldg. Insp.      PINK Applicant