



HVAC Mechanical Permit

CITY OF LONG LAKE
450 Virginia Avenue, PO Box 606
Long Lake, MN 55356
Phone / 952.473.6961

Permit #H _____

**PERMIT APPLICATIONS
MAY BE EMAILED TO:
jmoeller@longlakemn.gov**

CITY STAFF
PLACE SIGNED ORIGINAL IN PERMIT
FOLDER

COPIES TO: APPLICANT, ASSESSOR,
BUILDING OFFICIAL, ACCOUNTING,
PROPERTY FILE

FOR OFFICE USE ONLY

Amount Due: \$ _____

Date Paid: _____

Check # _____

Credit Card

Cash Receipt # _____

X Building Official / Staff Signature

Date Issued _____

COMMENTS _____

Permit Fee Calculation

Permit Fee \$ _____

Plan Check Fee \$ _____

State Surcharge \$ _____

Penalty \$ _____

Other (DESCRIBE BELOW) \$ _____

TOTAL DUE \$ _____

**** PERMIT HOLDER: TO SCHEDULE INSPECTIONS, PLEASE CALL METRO WEST INSPECTION SERVICES AT 763.479.1720 ****

Site Information

Site Address (INCLUDE SUITE #) _____ Property ID # _____

Legal Description Lot _____, Block _____ Subdivision/Addition _____

Permit Request – INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

Owner Information	Contractor Information
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____ License # _____

Project Information	Type of Building <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair
	PROJECT VALUATION \$ _____ Estimated Completion Date _____
	Description of Work _____
	CHECK ALL THAT APPLY AND RECORD THE NUMBER AND SIZE OF ITEM(S) TO BE INSTALLED / COMPLETED:

<input type="checkbox"/> Furnace	# of Item(s) _____	Size _____
<input type="checkbox"/> Boiler	# of Item(s) _____	Size _____
<input type="checkbox"/> Gas Fireplace	# of Item(s) _____	Size _____
<input type="checkbox"/> Heat Exchanger	# of Item(s) _____	Size _____
<input type="checkbox"/> Air Conditioner	# of Item(s) _____	Size _____
<input type="checkbox"/> Ventilation	# of Item(s) _____	Size _____
<input type="checkbox"/> Other (DESCRIBE ON THE LINE BELOW)	_____	# of Item(s) _____ Size _____
<input type="checkbox"/> Other (DESCRIBE ON THE LINE BELOW)	_____	# of Item(s) _____ Size _____

Certification / Acknowledgement – a Certificate of Occupancy must be requested and issued prior to use or occupancy of work permitted. Work must be inspected before it is covered, 24 hours notice is required. This permit shall be void if the work authorized is not commenced within 180 days of the date of issuance or if work is suspended for a period of 180 days. Term of permit is 12 months from date of issue. All provisions of laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or local law regulating the construction or the performance of construction activities. This permit may be revoked at any time for due cause or violation of any Federal, State or local law. Applicant agrees that if a permit is granted, all work and materials used shall comply with the City Code of Long Lake.

X Applicant Signature _____ **Applicant Is:** Owner Contractor **Date** _____