



HVAC & Gas Piping Permit Application

600 Rice Street East Wayzata, MN 55391

952-404-5300 • 952-404-5318 (fax)

permits@wayzata.org

Rev 2/21

Property Information

SITE ADDRESS		Wayzata, MN	SUITE	DATE
PROPERTY OWNER	TENANT NAME		PROJECT VALUATION	

Applicant Information

Applicant: Property Owner Contractor Tenant Other

APPLICANT'S NAME	PHONE NUMBER	STATE LICENSE #	
COMPANY NAME	EMAIL		
COMPANY ADDRESS	CITY	STATE	ZIP

Engineer

COMPANY NAME	CONTACT PERSON		
ADDRESS	CITY	STATE	ZIP
PHONE	FAX / EMAIL		

Send Approved Permit Via:

Email: _____ Mailed or In Person
Please **PRINT** legibly

Please Fill In: Detailed Description of Work

Property Type:	Construction Type:	Indicate Number of Each:	
<input type="checkbox"/> Commercial <input type="checkbox"/> Single-Family <input type="checkbox"/> Condo / Townhouse <input type="checkbox"/> Two-Family (a duplex on a single lot) <input type="checkbox"/> Multi-Family (5 or more dwelling units on a single property)	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration / Remodel <input type="checkbox"/> New Building <input type="checkbox"/> Replace / Repair <input type="checkbox"/> Other: _____	HVAC Equipment Size: Number: <input type="text"/> <input type="checkbox"/> Furnace <input type="text"/> <input type="checkbox"/> Boiler <input type="text"/> <input type="checkbox"/> Gas Fireplace <input type="text"/> <input type="checkbox"/> Air Conditioner <input type="text"/> <input type="checkbox"/> Air Exchanger <input type="checkbox"/> Other: _____	*Gas Openings <input type="checkbox"/> Fireplace <input type="checkbox"/> Range <input type="checkbox"/> Furnace <input type="checkbox"/> Grill <input type="checkbox"/> Boiler <input type="checkbox"/> Dryer <input type="checkbox"/> Water Heater <input type="checkbox"/> Main <input type="checkbox"/> Garage Heater <input type="checkbox"/> Other: *If you are adding or moving gas lines a City Gas Fitter's License is required.

Applicant: Please read and sign below

I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the State Building Code and applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection, that a final inspection approval and Certificate of Occupancy are required prior to occupying the building. This permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days.

Separate permits are required for Building, Plumbing and Electrical work

Applicant Signature:	Date Signed:
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By electronically signing (or typing) your name, you acknowledge that all information provided is true and correct.

OFFICE USE ONLY

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Date Received:	Authorization to Issue:	Date:	Permit #:	(2) Permit Fee: _____ Surcharge: _____ Other: _____ Total Fee: _____
2021 FEES: • Greater than \$50,000 = \$1,000 plus 1.5% of amt over 50k + surcharge • \$0.00 to \$50,000 = 2% of valuation; minimum = \$30.00 + surcharge • Surcharge = .0005 of valuation, minimum 50 cents			Processed by:	
			Permit sent via:	
			Date Sent:	