

**VENTILATION PERMIT APPLICATION (COMMERCIAL & RESIDENTIAL)**

*This inspection request will not be accepted by the Building Safety Department unless proper inspection fee is enclosed and signed by the proper license holder.*

**Site/Building Information**

Job Site Name \_\_\_\_\_

Job Site Address \_\_\_\_\_ Unit/Suite # \_\_\_\_\_

Applicant is:  Contractor  Owner *(Homeowner waiver needs to be signed and submitted also)*

**Owner Information**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Contractor Information (if applicable)**

HVAC Contractor \_\_\_\_\_

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

**Project Information**

Work to be Started \_\_\_\_\_ Estimated Date Completed \_\_\_\_\_

Plans, Diagrams, Computation with Permit:  Yes  No

Additional Comments/Concerns/Project Information (if Applicable): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant's Signature**

I hereby apply for a Ventilation Permit and acknowledge that the information above is complete and accurate; and **that this is not a permit**. I state that all work herein will be done in accordance with the ordinances of the City of St. Cloud, the state of Minnesota and rulings of the Building Safety Department. The person doing the work shall call for the inspections and a 24-hour notice is required.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Ventilation				
Building Type	Fee Description	Quantity	Fee	Extended Fee
Residential	For Alterations to or the Installation of Ductwork, Radiation/In-Floor Tubing (Air to Air Exchangers)		\$ 40.00 Per Unit	\$
Commercial	For Alterations to or the Installation of Ductwork or Radiation Less Than 1 Million BTU's		\$30.00 Per Unit	\$
Commercial	For Alterations to or the Installation of Ductwork or Radiation 1 Million BTU's or More		½ Fee for New Equipment of That Size (See Fee Schedule Below)	\$

General Ventilation, Including Fan and Duct Systems		<i>Ventilation schedule may be attached in lieu of filling out this portion of the form. The schedule must include number and CFM's of appliances.</i>		
Ventilation Type	Quantity	CFM	Fee	Extended Fee
Air to Air Exchangers In-Floor Tubing			\$ 40.00 Per Unit	\$
<b>*** CIRCLE APPLIANCE BEING INSTALLED ***</b>				\$
General Ventilation, Including Fan and Duct System <b>OR</b> Commercial Kitchen Hoods, Including Fan and Welded Duct System <b>OR</b> Noxious Vapors and/or Flammable Material, Spraying, Painting or Dipping Ventilation, Including Fan and Duct Systems (Paint Booths)			\$30.00 for first 2,000 CFM of <b>EACH</b> system  \$ 13.00 for <b>EACH</b> additional 1,000 CFM or fraction thereof of <b>EACH</b> system	\$ \$ \$ \$ \$ \$
Non-Emergency Work in Progress Without a Permit			\$160.00 in Addition to Permit Fees	\$
Minnesota State Surcharge	<b>1</b>		\$ 1.00 Per Permit * ( <i>See Note Below</i> )	\$ <b>1 00</b>
			<b>Total Ventilation Fee</b>	

\* State Surcharge is \$1.00 Per Permit OR 0.0005 x Total Permit Fee When the Permit Fee is Over \$2,010.00

Commercial Heating Fee Schedule		
Equipment	Fee	½ Fee
1 Million BTU Thru 2,499,999 BTU	\$175.00	\$ 87.50
2.5 Million BTU Thru 9,999,999 BTU	\$217.50	\$108.75
10 Million BTU Thru 49,999,999 BTU	\$289.50	\$144.75
50 Million BTU Thru 74,999,999 BTU	\$421.50	\$210.75
75 Million BTU and Over	\$555.00	\$277.50