

Town of May
Heating/Cooling Permit Application

Mail or Email completed forms to:
 Town of May
 PO Box 60
 Marine on St. Croix, MN 55047
 bobbi@townofmay.org

OFFICE USE ONLY:

Date Issued: _____
 Permit Number: _____
 Two Sets of Plans Received: _____
 Permit Fee: _____
 Check Number: _____

Questions: 651-351-5051 or inspjack@msn.com

Homeowner Name and Telephone Number: _____
 Project Address: _____
 PID from Washington County Tax Statement: _____

Permit/Contractor Applicant: _____
 Permit/Contractor Mailing Address: _____
 Contractor License No. _____
 Contractor Telephone Number & Email: _____
 Electrical Contractor Name: _____
 Estimated Costs: _____
 Job Description: _____

Heating Type: Oil _____ Gas (natural or LP) _____ Wood _____

Scope of Work:

Furnace _____	Gas Piping _____
Air Conditioner _____	Gas Log _____
Ductwork _____	Log Lighter _____
Hot Water Boiler _____	Gas Fireplace _____
Refrigeration _____	Man. Wood Fireplace _____
Ventilation/Exhaust _____	Misc. _____

Equipment that will be Installed:

Type of equipment	Manufacturer	Model No.	Fuel	Flue Dia.	Input/BTU's	CFM	Tons

Air to Air Exchanger:

Heat/Energy: Recovery _____ Ventilator _____

Manufacturer	Model No.	Defrost deduction	Rated low capacity
		%	cfm
			cfm

The undersigned agrees to do all work in conformance with the Town of May ordinances and herewith declares that all facts and representations on this application are true and correct.

THE UNDERSIGNED AGREES TO NOTIFY THE BUILDING INSPECTOR WHEN READY FOR INSPECTION

Signature of Applicant (if agent, print principal's name and sign as agent) _____ Date _____

Permit Approved on _____ by May Township. _____, Building Official