



Township of
LENT

33155 Hemingway Ave
Stacy, MN 55079
Ph. 651-462-3009

HVAC PERMIT APPLICATION

OFFICE USE ONLY
PERMIT # _____

Site Address _____ City _____ Zip _____ PID# _____

Homeowner name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Contractor Name _____ Contractor License # _____

Contractor Address _____ City _____ State _____ Zip _____ Phone _____

Architect (if applicable) _____ Phone _____

PROPERTY USE	TYPE OF WORK		DESCRIPTION
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> Furnace <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Ductwork <input type="checkbox"/> Hot Water Boiler <input type="checkbox"/> Refrigeration <input type="checkbox"/> Ventilation/Exhaust <input type="checkbox"/> Gas Piping <input type="checkbox"/> Other	<input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Wood Fireplace <input type="checkbox"/> Outdoor wood Furnace <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other _____	Type of equipment _____ Manufacturer _____ Model # _____ Fuel _____ FLUE Diam. _____ Input/BTU's _____ CFM _____ Tons _____

To schedule an inspection, please call Lent Township Building Inspector Jack Kramer at 651-351-5051. Please allow 24 hour notice for inspections.

CHECKS SHOULD BE MADE PAYABLE TO LENT TOWNSHIP.

OFFICE USE ONLY

TOWNSHIP FEE _____

STATE SURCHARGE _____

SITE INSPECTION FEE _____

TOTAL DUE _____

PAID ON _____

RECEIPT # _____

APPROVED BY _____

APPROVE DATE _____

ORSAT test required _____

The applicant agrees to do all work in conformance with Township Ordinances and herewith declares that all facts and representations on this application are true and correct. The undersigned agrees to notify the inspections department when ready for inspections

Applicant Signature _____ Date _____