

1544 Beech St

Fax 651-266-9124



CITY OF ST. PAUL
 DEPARTMENT OF SAFETY AND INSPECTIONS
 375 JACKSON STREET, SUITE 220
 ST. PAUL, MINNESOTA 55101-1806

MECHANICAL PERMIT APPLICATION

Visit our Web Site at: www.stpaul.gov/dsi

PROJECT ADDRESS	Number 1544	Street Name Beech St	St. Ave. Blvd. Etc	N S E W	Unit #	Building Name	Date
Contractor (Include Contact Person) Travis Glanzer		Address City State, Zip+4 2470 Island Dr Spring Park MN 55384		Phone 612-384-9087		E-mail:	
Property Owner (Include Contact Person)		Address City State, Zip+4		Phone			
New Building <input type="checkbox"/>	Existing Building: <input type="checkbox"/> Repair <input type="checkbox"/> Alter <input checked="" type="checkbox"/> Replace			Estimated Value of Mechanical Work			
Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>	Number of dwelling units =		Estimated Start Date:		s 600	
				Estimated Completion Date:			

Check **ONLY** one category box. A **SEPARATE** permit is required for each category.

Gas Oil Solar Steam/Hydronic Other Process Piping Systems

Factory Built Fireplace/Stove → Circle Type: → Fuel Gas or Solid Fuel

Refrigeration → Refrigerant Type: _____

For each unit enter: Make	Model	BTU Input	Quantity
Goodman	GMES800603ANAA	60,000	1

Describe scope of work and location (building, floor, area, etc.)

Pull Permit for Furnace
Furnace Replacement

TOTAL HEAT LOSS/GAIN (IN BTUs):

Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.

Print Applicant's Name Here: Travis Glanzer

Applicant's Signature: T Glanzer

Condenser Location (check one box below):

Rear Roof Side Inside

(Office Use Only)	Permit Number (Office Use Only)	SUMMARY OF FEES	
		Permit Fee (Minimum \$78.00)	\$
		State Surcharge (Minimum \$9.50)	\$
		Total Permit Fee	\$

Approved By: _____

If you are making payment by credit card you must complete the information below.

Signature of Cardholder (required for all charges): _____

AMEX Visa MasterCard Discover

Security Code →

Expiration Month / Year →

Enter Account Number →

1544 Beech St



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ST. PAUL, MINNESOTA 55101-1806

WARM AIR, VENTILATION, GENERAL SHEET
METAL PERMIT APPLICATION

Visit our website at www.stpaul.gov/isa/

Fax 651-266-7124

PROJECT ADDRESS	Number	Street Name	St., Ave., Blvd., Etc.	N S E W	Suite/Apt.	Building Name	Date
1544 Beech St							
Contractor	(Include Contact Person)		Address	City		State, Zip+4	Phone
Travis Glanzer			2470 Island Dr #202	Spring Park MN		55384	612-384-9087
Contractor's Email:	Property Owner		(Include Contact Person)		Address	City	
					State, Zip+4	Phone	
New Building <input type="checkbox"/>	Commercial <input type="checkbox"/>			Estimated Start Date:		ESTIMATED VALUE OF WARM AIR, VENTILATION OR GENERAL SHEET METAL WORK	
Repair/Alter Existing <input type="checkbox"/>	Residential <input checked="" type="checkbox"/>	Enter # of Units → <input type="checkbox"/>		01/01/20		s 600	
		Enter # of Units being worked on → <input type="checkbox"/>		Estimated Finish Date:			
				01/10/21			

Scope of Work (See Back of Form for schedule)

RESIDENTIAL							COMMERCIAL						
BUILDING HEAT LOSS / GAIN →							BUILDING HEAT LOSS / GAIN →						
Warm Air Heating Plants	Make	Model	Input	Efficiency	Qty	Fee	Warm Air Heating Plants	Make	Model	Input	Efficiency	Qty	Fee
	Forced Air	Gas	Electric	Oil				Forced Air	Gas	Electric	Oil		
	CFM Capacity	Type	Number of Fans	Fee				CFM Capacity	Type	Number of Fans	Fee		
	Cooling	Ventilation	Duct Work	Chimney Liner				Cooling	Ventilation	Pollution Control	Solar System		
	Basement	Kitchen	Laundry	BBV or ERV				Basement	Kitchen	Duct Work	Dust Collecting		
General Sheet Metal	Outlets	Flashing	Linerless	Architectural Wall Panels	Laundry/Rubbish Chutes	Chimney	Macellaneous						Fee
Radon Soil Exhaust Systems	Passive	Active	Fan	Make	Model	CFM	Pipe Size						Fee

For large permits, list additional references on separate sheet & attach. Enter brief description of job, location or building &

Permit for
Furnace Change out

SUMMARY OF FEES	
Permit Fee (See Back of Form)	\$
State Surcharge (See Back of Form)	\$
Total Permit Fee	\$
(For Office Use Only)	

Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.

Applicant's Signature: *T. Glanzer* Permit #

Signature of Cardholder (required for all charges):

<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Security Code ▶	Expiration Date: (Month/Year) ▶
Enter Account Number →					