

Application Date:	<h2 style="margin:0;">Commercial Mechanical (HVAC) Permit Application</h2> <p style="margin:0;"><i>Please print legibly and complete all applicable sections.</i></p>		City of Superior Building Inspection Division 1316 N. 14 <sup>th</sup> St. Superior, WI 54880 Phone: 715-395-7288 Fax: 715-395-7346		
Logged In: (date and initial)					
Permit #:					
Parcel #:	<b>PROJECT ADDRESS:</b>		Contacted for Payment on:	By:	
Permit(s) Required:	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Excavation				
<b>Owner's Name(s)</b>		<b>Owner's Mailing Address</b>			
Phone #:	Fax #/Phone #:	Email:			
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent					
<b>Applicant Name &amp; Business Name</b>		<b>Mailing Address</b>			
Phone #:	Fax #/Phone #:	Email:			
WI Dept. of Commerce Contr. License #					
<b>Designer/Architect/Engineer Name</b>		<b>Mailing Address</b>			
Phone #:	Fax #/Phone #:	Email:			
State License/Registration #(s):					
<b>Location &amp; Project Details</b> (Check all that apply)					
<input type="checkbox"/> Residential multi-family building (Three or more dwelling units) <input type="checkbox"/> One or Two dwelling units in a multi-occupancy commercial building <input type="checkbox"/> Business <input type="checkbox"/> Assembly <input type="checkbox"/> Factory/Industrial <input type="checkbox"/> Hazardous		<input type="checkbox"/> Education <input type="checkbox"/> Institutional/Daycare/CBRF <input type="checkbox"/> Mercantile/Retail <input type="checkbox"/> Storage <input type="checkbox"/> Utility/Misc. <input type="checkbox"/> Mixed Use		<input type="checkbox"/> Other	
<b>Reason for Mechanical Work</b>					
<input type="checkbox"/> New Building construction		<input type="checkbox"/> Increased or decreased loads or demand as a result of <u>occupancy change</u>			
<input type="checkbox"/> Building addition (existing building)		<input type="checkbox"/> Increased or decreased loads or demand as a result of <u>utilization</u> or other changes			
<input type="checkbox"/> Energy efficiency upgrade		<input type="checkbox"/> Elimination of outdated, worn or deteriorated mechanical equipment			
<input type="checkbox"/> Relocation or resizing of Mechanical Equipment		<input type="checkbox"/> Additional or altered mechanical equipment for separation of space or use			
<input type="checkbox"/> Building alteration (existing building)		<input type="checkbox"/> Other			
<input type="checkbox"/> Repair or replacement of damaged mechanical equipment due to fire or flood or similar occurrence					
<input type="checkbox"/> Repair or replacement of damaged mechanical equipment due to wear, impact, Acts of God or other similar circumstance					
<b>Heating System</b>					
Work Type (check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Conversion					
<b>Indicate below the type of fixture(s) that will be installed, altered, replaced or relocated</b>					
System/Equipment Type	Input (BTU)	Efficiency Rating	Quantity		
<b>Venting</b>					
Heating Unit(s) BTUs:		<input type="checkbox"/> Natural venting	<input type="checkbox"/> Direct venting	<input type="checkbox"/> Power/Mechanical venting	<input type="checkbox"/> Other _____
Other equipment BTUs vented through chimney:		Existing chimney flue size:	Total BTU's vented through chimney:	Note: All chimneys shall be sized per the BTU's that are being vented per the Nat'l Fuel/Gas Code or other as applicable.	
Is Chimney being lined or re-lined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liner Size:	Type/Material:	Mfr.:	

**Cooling System**

**Submit with Application if Over 50,000 cubic feet:**

Work Type (check all that apply)  New  Addition  Alteration  Replacement  Conversion

**Indicate below the type of fixture(s) that will be installed, altered, replaced or relocated**

System Type	Output (BTU)	Min. Efficiency/SEER Rating	Quantity

**Exhaust System**

Work Type (check all that apply)  New  Addition  Alteration  Replacement  Conversion

**Indicate below the type of fixture(s) that will be installed, altered, replaced or relocated**

System Type	Quantity

Please provide a descriptive summary of the proposed project and any other information that is not shown on the summited plans:  
 \_\_\_\_\_  
 \_\_\_\_\_

This project will also include:	Other Contractor Information	Other Contractor Phone #
<input type="checkbox"/> Electrical work		
<input type="checkbox"/> Plumbing work		
<input type="checkbox"/> Building work		
<input type="checkbox"/> Gas Piping		
<input type="checkbox"/> Fire alarm and suppression		
<input type="checkbox"/> None		
<input type="checkbox"/> Other		

**PROJECT COST: \$**

Fee Summary	*Group 1	*Group 2	*Group 3	Sub-Total
New/ Addition (Min. \$50) _____ sq. ft.	_____ x \$0.10	_____ x \$0.15	_____ x \$0.05	\$ _____
Alterations	Base Fee \$60.00 <i>Plus</i> \$10.00 per \$1,000.00 *Permit fee will be calculated from the Estimated Project Cost rounded up to the next thousand.			\$ _____

Receipt# _____	Rev'd by: _____	<b>Grand Total</b>
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- The applicant agrees to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, on the City Agent/Inspector, Department or Municipality; and certifies that all the above information is true and accurate.
- Approval or disapproval of plans shall be based upon review of written and graphic information submitted.
- Changes made during construction shall be based upon approved revisions to plans.
- Any change in the conditionally approved plans shall be approved by this department before said changes are implemented.
- It is expressly understood by the project owner(s) and/or contractor(s) that by issuance of this permit any City Agent/Inspector shall be allowed to inspect at reasonable times any construction work through the final inspection.
- Failure to allow access to the premises for such inspection(s) shall result in revocation of this permit.

**This is a Commercial Mechanical (HVAC) Permit application only – not a permit to proceed.**

*This permit is issued with the understanding that the permit applicant has received, read, understood and agrees to abide by the conditions and provisions of the City of Superior policies, rules, ordinances and Wisconsin State Statutes and Administrative Rules as highlighted in the City of Superior Commercial Permits Conditions and Provisions Document dated 12-31-12.*

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

• I certify that the information provided on this form is complete and accurate.

**Approvals**

Permit Issued By: _____	Cert No.: _____	Date: _____
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**Conditions of Approval** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.  See attached for conditions of approval.

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

Called In To Whom: _____	By: _____	Date: _____	Time: _____
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Supervising Professionals - If building will be 50,000 cu ft. or greater (SPS 361.40) I have been retained by the owner as the supervising professional per SPS 361.40 for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the DSPS and the City of Superior certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the DSPS and the City of Superior as such and indicating the current status of compliance.

Supervising Professional Name & Business Name (Please Print)		Mailing Address

Phone #:	Fax #/Phone #:	Email:
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Registration Types & Numbers:

Original Signature of Supervising Professional: \_\_\_\_\_ Date: \_\_\_\_\_

- \*C-2 Building Classifications**
- A. Group 1: Multi-family residential
  - B. Group 2: Arenas, armories, assembly halls, banks, barber shops, beauty shops, bowling alley, cafeterias, churches, clinics, dance halls, dry cleaning, educational institutions, exhibition buildings, funeral homes, gyms, halls, hospitals, hotels, labs, libraries, motels, natatorium shelters, nursing homes, offices, places of detention, repair garages, restaurants, retail, service garages, skating rinks, taverns, theaters, and similar buildings.
  - C. Group 3: Factories, freight terminals, machine shops, sewage plants, storage buildings, storage garages, substations, vaults, warehouses, and all others not included in group 1 and 2.

**Additional Submittals:**

New Construction, additions, alterations and remodeling projects shall submit the following information with this application as appropriate for the project.

**Cover sheet**

- Mechanical permit applications shall be accompanied by three sets of plans with a cover sheet containing the following information:
- The agent’s name, address, and telephone number;
- A statement of the scope of work that the permit is intended to cover;
- Indication as to whether the system is for a building or tenant space in a building complex. If for a tenant space, include the tenant’s name and location within the building (e.g., space number, building number, floor number, etc.);
- The number of related applications (Building, Electrical and HVAC Permits);

Other requirements are listed below for specific types of mechanical permits.

**Heating, Ventilation and Air Conditioning (HVAC)**

(Commercial and Multifamily Buildings)

When applying for a Commercial Mechanical Permit, customers must include a cover sheet and three sets of plans in the application submittal package. The plans must be drawn to scale and must include the duct layout of new or existing ducts (where air flow or duct size altered at existing installations) over the floor plan, plus the following information:

1. The name and anticipated usage of each room;
2. The cubic feet of air per minute (CFM) at each diffuser, return air register, exhaust and transfer grill;
3. The size of ducts and outlets;
4. An equipment schedule including equipment brand names/manufacturer(s), model number(s), BTUH input and output gas capacities, BTUH or ton(s) of cooling, electric motor and equipment efficiency rating(s), equipment/system CFM capacity, and;
5. Provisions for fire/smoke dampers.

**Kitchen hood systems**

Commercial kitchens must be equipped with kitchen hood systems to collect and remove grease, vapors, fumes, smoke, steam, heat and/or odors. Applications must include a cover sheet and three sets of plans for a Type I or Type II hood.

A Type I hood is a kitchen hood for collecting and removing grease and smoke. A Type II hood is a general kitchen hood for collecting and removing steam, vapor, heat and/or odors. In addition to a mechanical permit, Type I kitchen hood systems also require a separate fire suppression permit. All plans must be drawn to scale. They must include plan elevation and front views from finish floor through roof assembly. The plans must also include the following information:

1. Type of hood (canopy, backshelf, passover or eyebrow)
2. Size of hood and construction;
3. Duct gauge and assembly;
4. Construction of shaft enclosure;
5. Exhaust ventilator;
6. Equipment schedule;
7. Provisions for makeup air; and

8. Kitchen equipment lineup with all cooking equipment properly labeled.

**Refrigeration systems**

A Mechanical Permit is required for installation of any self-contained permanently installed refrigeration system. When applying for a Mechanical Permit, a submittal package must have a cover sheet and three sets of plans that include the following information:

1. Floor plans showing refrigeration piping;
2. A system flow diagram;
3. The ventilation system for the equipment room; and
4. The compressor schedule.

Any indoor refrigeration system shall be enclosed in a machinery room where the quantity of refrigerant in an independent circuit of a system exceeds the amount shown in Table 1103.1, (Section 11 1004.2 IMC). Machinery rooms shall be constructed in accordance with Sections 1105 and 1106, IMC.

**Other Systems**

Mechanical Permit Applications for other systems shall include plans, details, specifications and information similar to the requirements for the above equipment and installations.