



Commercial Mechanical Permit Application Form

Planning, Property and Development Department
Unit 31 • 30 Fort Street • Winnipeg Manitoba R3C 4X7



LOCATION OF WORK	Street No.	Street Name	Unit/Suite/Room#/Floor	Date
	Tenant Name			
MECHANICAL CONTRACTOR INFORMATION	Company Name (print)		Contractor Licence No.	Daytime Phone No.
	Applicant Name (print)		Applicant Signature	
	Are you a Licenced M-Prime Contractor? <input type="checkbox"/> Yes, <input type="checkbox"/> No If Yes, indicate licenced M1 or M2 Contractor		M1/M2 Company Name (print) *	
	M1/M2 Contractor Name (print) *		M1/M2 Contractor Licence No. *	
NAME OF BUILDER			RELATED BLDG. PERMIT NO.	
TYPE OF MECHANICAL WORK <small>(select one)</small>	<input type="checkbox"/> COMPLETE INSTALL – ROUGH-IN, FINISHING; ONE BLDG./ SPACE/ OCCUPANT <input type="checkbox"/> HVAC ROUGH-IN ONLY FOR ENTIRE BASE BLDG. <input type="checkbox"/> HVAC EXTENSION TO BASE BLDG. ROUGH-IN FOR TENANT FIT-UP ONLY <input type="checkbox"/> UNCONDITIONED SPACE IN F2 OR F3 OCC ONLY (NO HTG, COOLING OR AIR DIST'N SYST) <input type="checkbox"/> REPAIR/ ALTER EXISTING; CANNOT BE DESCRIBED IN AREA			
	<input type="checkbox"/> M1 – HVAC	<input type="checkbox"/> M2 – FIRE SPRINKLER SYSTEM		
	<input type="checkbox"/> M3 – DEFINED HIGH HAZARD	<input type="checkbox"/> NEW INSTALL <input type="checkbox"/> ADD-ON	<input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR	<input type="checkbox"/> REPLACE <input type="checkbox"/> CONVERT
NO. FLOORS AFFECTED* _____	IMPACTED FLOOR AREA* _____ m ²			

INSTALLATION DETAILS (check all that apply):

M1

<input type="checkbox"/> GENERAL HVAC DUCTWORK	<input type="checkbox"/> GENERAL EXHAUST	<input type="checkbox"/> DUST COLLECTION SYSTEM (WOOD)
<input type="checkbox"/> MAKE UP/COMBUSTION AIR SYSTEM	<input type="checkbox"/> WASHROOM EXHAUST	<input type="checkbox"/> DUST COLLECTION SYSTEM (OTHER)
<input type="checkbox"/> FIRE DAMPERS/FIRE STOP FLAPS	<input type="checkbox"/> DRYER EXHAUST	<input type="checkbox"/> SPRAY PAINTING AND/OR COATING
<input type="checkbox"/> SMOKE DAMPERS	<input type="checkbox"/> COOKING EQUIPMENT EXHAUST	<input type="checkbox"/> AUTOBODY SHOP <input type="checkbox"/> SERVICE GARAGE
<input type="checkbox"/> FIRE STOPPING	(enter quantity) _____	<input type="checkbox"/> PARKING GARAGE <input type="checkbox"/> OPEN <input type="checkbox"/> ENCLOSED
<input type="checkbox"/> SMOKE CONTROL SYSTEM	ULC LISTING NUMBER: _____	<input type="checkbox"/> INTAKES/DISCHARGE OUTLETS
<input type="checkbox"/> EMERG. GENERATOR VENTILATION	<input type="checkbox"/> CONTAMINATED AIR EXHAUST	

M2 SPRINKLER SYSTEM:

<input type="checkbox"/> WET SYSTEM	<input type="checkbox"/> LARGE DROP SYSTEM	<input type="checkbox"/> RACK STORAGE SYSTEM	<input type="checkbox"/> STANDPIPE SYSTEM
<input type="checkbox"/> DRY PIPE SYSTEM	<input type="checkbox"/> ANTI-FREEZE SYSTEM	<input type="checkbox"/> RESIDENTIAL SYSTEM	<input type="checkbox"/> FIRE PUMP (enter quantity) _____
<input type="checkbox"/> PRE-ACTION SYSTEM	<input type="checkbox"/> DELUGE SYSTEM		<input type="checkbox"/> SPRAY PAINTING AND/OR COATING
<input type="checkbox"/> COMBINED SYSTEM	<input type="checkbox"/> OPEN SYSTEM	<input type="checkbox"/> BACKFLOW PREVENTERS w/ test cocks (enter qty) _____	<input type="checkbox"/> OTHER (specify below)

M3

<input type="checkbox"/> CHEMICAL SUPPRESSION SYSTEM	<input type="checkbox"/> DUST COLLECTION SYSTEM (WOOD)	<input type="checkbox"/> OTHER SPECIALTY EQUIP'T (specify below)
<input type="checkbox"/> SPRAY PAINTING AND/OR COATING	<input type="checkbox"/> DUST COLLECTION SYSTEM (OTHER)	

ULC LISTING NUMBER: _____

<input type="checkbox"/> ENGINEERED PLANS ATTACHED?	<input type="checkbox"/> SHOP DRAWINGS ATTACHED?	<input type="checkbox"/> SPECIFICATIONS ATTACHED?
Engineer Name: _____		Engineer phone no.: _____
MECHANICAL ENGINEER INFO.		
Engineer Email: _____		

WORK OTHER THAN LISTED / DESCRIPTION OF WORK: _____

**This field mandatory where applicant is a Licenced M-Prime Mechanical Contractor.*

****DECLARED VALUE FORM ATTACHED****

Please submit this completed application form along with the completed Declared Value Form to the Zoning & Permits Branch, Unit 31 - 30 Fort Street or apply online at winnipeg.ca/permitsonline.



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Declaration of Value

The Winnipeg Building By-law 14.2.3 (5) states:

Every person responsible, architect, professional engineer, contractor or builder, having contracted for or having performed, supervised or inspected any work of construction, alteration or repairs on any land, or the agent of such person, shall give, in writing over his signature when requested by the designated employee all the information in his power with respect to the cost of the work.

DECLARATION

I have read the above noted items and to the best of my knowledge, the total monetary worth of the work for which this application is made is the sum of \$.....

(PLEASE PRINT)

Name: _____

Company Name: _____

Signed: _____ Date: _____

NOTE: TO BE FORWARDED TO DEPARTMENT AUDITOR

(Office Use Only)
REFERENCE FOLDER:

Please Note: The “declared value” set out above will be provided as information for Statistics Canada. It is a Federal Offence to submit false information to Statistics Canada.

Personal information is collected under the authority of The City of Winnipeg Charter Act, and is used for the administration and enforcement of **The City of Winnipeg Building By-law No. 4555/87**. This information will be disclosed publicly in accordance with the disclosure provisions of the Province of Manitoba - **Freedom of Information and Protection of Privacy Act**. If you have questions about the collection, use, or disclosure of your information, contact the Corporate FIPPA Coordinator: by mail to the City Clerk's Department, Administration Building, 510 Main Street, Winnipeg, MB, R3B 1B9; by telephone to 311; or by email to FIPPA@winnipeg.ca.

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