



HVAC PERMIT APPLICATION

PERMIT NUMBER: _____ VALUATION OF PROJECT: _____

JOB ADDRESS: _____

OWNER: _____ PHONE NUMBER: _____

OWNER ADDRESS: _____

HVAC COMPANY NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

HVAC CONTRACTOR NAME: _____ PHONE NUMBER: _____

COANTRACATOR LICENSE NUMBER: _____

ADDRESS: _____

DESCRIBE WORK: _____

Number of Units _____ Capacity of Heating(in BTU's) _____ Capacity of Cooling(in Tons) _____
Location: _____ Attic _____ Closet _____ Garage _____ Outside _____ New Boiler _____ Fire Damper
_____ New Installation _____ Changeout _____ Fireplace Residential _____ Replace Commercial Air Handler

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

APPLICANT SIGNATURE

DATE

PERMIT FEE: _____

PLAN FEE: _____

INSPECTION FEE: _____

TOTAL FEE: _____

****THE FINAL INSPECTION WILL NOT BE RELEASED UNTIL ALL INSPECTION FEES ARE PAID****

****IT SHALL BE THE DUTY OF THE PERMIT HOLDER TO NOTIFY THE INSPECTOR THAT SUCH WORK IS READY FOR INSPECTION AND TO PROVIDE ACCESS TO AND MEANS FOR INSPECTION OF SUCH WORK****