



## APPLICATION FOR HVAC PERMIT

Date of Application: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Job Address: \_\_\_\_\_

Property Owner's Phone #: (\_\_\_\_) \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone #: (\_\_\_\_) \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

(PERMIT WILL INCLUDE ONLY SUCH WORK AS INDICATED)

ESTIMATED JOB COST: \_\_\_\_\_

**TYPE OF MECHANICAL EQUIPMENT:**

Air Conditioning\*\*\*     
  Heating Ventilation & Air Conditioning\*\*\*     
  Unit Heater  
 Factory Built Fireplaces\*\*\*     
  Hood Fire Suppression System\*\*\*     
  Other  
 Furnace/Heat Pump\*\*\*     
  Kitchen Hood & Exhaust Systems\*\*\*

\*\*\*Drawing(s) Must be Submitted\*\*\*      Drawing(s) Attached:    Yes    No

**MECHANICAL EQUIPMENT DETAIL:**

No. Units: \_\_\_\_\_ Mfg Name: \_\_\_\_\_ Model No./Efficiency: \_\_\_\_\_ Fuel: \_\_\_\_\_

Input Btu: \_\_\_\_\_ Cooling (Tons): \_\_\_\_\_ CFM: \_\_\_\_\_

Is this a Replacement Unit?    Yes    No;   Chimney Liner Required?    Yes    No

Wiring:    New    Existing   Ductwork:    New    Existing   Make Up Air Required?    Yes    No

PRINT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 (The Undersigned hereby agrees to contact the Building Department for ALL REQUIRED INSPECTIONS and to comply with all Ordinances of Valley View, Ohio, and the laws of the State of Ohio relating to the work to be done under said permit.)

BUILDING OFFICIAL: \_\_\_\_\_ AMOUNT: \_\_\_\_\_