

HVAC PERMIT APPLICATION



Property Information

Address _____ Lot _____
 Parcel ID _____ Unit/Suite/Bldg _____ Zoning _____

Project Type

New Building Addition/Alteration Repair/Replace Other
 Commercial Residential

Owner Information

Name _____
 Address _____
 City _____
 State _____ ZIP _____
 Phone _____
 E-mail _____

Project Information

Project Name/Tenant _____ Description _____
 Number of structures _____ Number of units _____ Construction Type _____

PRINCIPAL FRAME TYPE

Masonry/Wall Bearing Reinforced Concrete Structural Steel Wood Frame
 Ownership Private Public Heating Fuel Gas Electric Other

Fee Schedule

COMMERCIAL (3-percent state fee on total)
 HVAC = \$150 per unit
(Electric permit required with replacements)
(HVAC includes warm air furnaces, air conditioners, combined units, baseboard heaters, radiant heaters, heat pumps, ventilation systems/hood vents, steam or hot water heating plants, roof-top units, unit heaters, air handling units and boilers)
 Refrigeration/pressure piping = \$50 per unit
 Fireplaces/chimneys = \$75 per unit
 HVAC Replacement = \$150
 Gas line = \$60 first outlet; \$12 each additional outlet

(Prefabricated, masonry, solid fuel fireplaces either freestanding or constructed as a built-in will be considered a heating appliance and will require a permit. NOTE: Flues extending above roof more than 3 feet or exposed to exterior shall be encased in a decorative chase matching in appearance the exterior finish of dwelling or structure.) **Generator \$100.00**

RESIDENTIAL (1-percent state fee on total)
 HVAC = \$150 per unit (Replacement = \$50 per unit or \$50 for heat and air replacement at same time)
 Fireplace/chimneys = \$50 per unit
 Gas line = \$50 first outlet; \$10 each additional outlet

Fees

HVAC
 _____ Units @ _____ = _____
Refrigeration/Pressure Piping
 _____ Units @ _____ = _____
Fireplace/Chimneys
 _____ units @ _____ = _____
Gas line
 First Fixture \$60.00 = \$ 60.00
 _____ outlets @ \$12.00 = _____
 Generator \$100.00
 Total From Above _____
 State Fee _____
 Total Due _____
(1% Residential; 3% Commercial)

Contractor Information

Name _____ DBA _____ Registration No. _____
 Address _____ City _____ State _____ ZIP _____
 Phone _____ Fax _____ E-mail _____
 Signature _____ Owner Authorized Agent
 Company State Certification Number _____ State Installer Number _____

Office Use

Receipt/Trans. No. _____
 Check No. _____
 Date Entered _____
 Date Issued _____
APPROVALS
 Plan Reviewer _____
 Date _____

ELECTRIC PERMIT REQUIRED FOR REPLACEMENTS. FINAL INSPECTIONS REQUIRED.