



Grove City Building Division
 4035 Broadway
 Grove City, OH 43123
 614-277-3075 (Phone)
 614-277-3090 (Fax)
 GroveCityOhio.gov

HVAC PERMIT APPLICATION

Method by which you would like your permit returned: Fax Email Pickup

PROPERTY INFORMATION

Address _____ **Grove City, OH 43123** Subdivision _____
 Parcel I.D. _____ Lot/Unit/Suite/Building _____ Zoning _____

OWNER INFORMATION

Name _____ Phone _____
 Address _____ Email _____

PROJECT INFORMATION

Description of Work _____

No. of Structures _____ No. 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% state fee on subtotal)

HVAC: \$150 per unit

Refrigeration/pressure piping:
\$50 per unit

Fireplaces/chimneys: \$75 per unit

Gas Line: \$60 first outlet,
\$12 each additional

RESIDENTIAL

(1% state fee on subtotal)

HVAC: \$150 per unit

(Replacement: \$25 per unit or \$25 for
heat and air replacement at same time)

Fireplaces/chimneys: \$50 per unit

Gas Line: \$50 first outlet,
\$10 each additional

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. Prefabricated, masonry, solid fuel fireplaces either freestanding or constructed as a built-in is considered a heating appliance and requires a permit.

NOTE: Flues extending above roof more than 3' or exposed to exterior shall be encased in a decorative chase matching in appearance the exterior finish of dwelling or structure. Ordinance #C78-97 1-5-98

FEES

HVAC

____ Unit x \$ _____ \$ _____

REFRIGERATION/PRESSURE PIPING

____ Unit x \$ _____ \$ _____

FIREPLACE/CHIMNEYS

____ Unit x \$ _____ \$ _____

GAS LINE

First Out. \$ _____

____ Out. x \$ _____ \$ _____

Subtotal \$ _____

State Fee \$ _____

1% Residential 3% Commercial

Total Fees Due \$ _____

Re-Inspection fee for disapproved inspection:
Residential: \$50 Commercial: \$100

OFFICE USE

Receipt # _____ Cash

Ref. # _____ Card

_____ Check

Date Entered _____

Date Issued _____

Approved _____ Date _____

ELECTRIC PERMIT REQUIRED FOR REPLACEMENTS. FINAL INSPECTIONS REQUIRED

CONTRACTOR INFORMATION

Registration No. _____

Contractor _____ Contact _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Signature _____ Owner Agent

24-Hour Inspection Line: 614-277-1815

For next business day inspections, requests must be called in before noon or contractors may use the online inspection service as late as 8 p.m., seven days a week.