

CITY OF NORTH OLMSTED

APPLICATION FOR HVAC PERMIT

Date Issued _____

Date Expires _____

P# _____

I# _____

PE# _____

For Office Use Only

Fees	\$	_____
3% surcharge	\$	_____
HVAC Permit Total	\$	_____
Plan Exam	\$	_____
3% surcharge	\$	_____
Plan Exam Total	\$	_____
Grand Total	\$	_____
Approved By:		_____

Application Date: _____

Contractors Name: _____ Phone: _____

Property Owner: _____ Phone: _____

Job Address: _____

Residential or Commercial (circle one)

Please indicate number of items :

_____ Combination Rooftop Unit	BTU _____	TONS _____	_____ Cost of Duct Work	\$ _____
_____ Comb Htg & Clg System	BTU _____	TONS _____	_____ Coolers & Refrigeration-Food/Beverage	
_____ New Heating System	BTU _____	CFM _____	_____ Free Standing Fireplace	
_____ Replacement Htg System	BTU _____	CFM _____	_____ Gas Infrared Unit	BTU _____
_____ Unit-Space-Duct Heaters	BTU _____		_____ Kitchen Exhaust System	CFM _____
_____ Baseboard Heating	BTU _____		_____ Exhaust Fans	CFM _____
_____ Thru Wall Furnace	BTU _____		_____ Make Up Air Unit	
_____ New A/C	TONS _____	(Side yard _____ Rear Yard _____)		
_____ Replacement A/C	TONS _____	(Side yard _____ Rear Yard _____)		
_____ Boiler (Hot Water Heat)				

Hydronics Certification No. Required _____

ATTACH CALCULATIONS FOR HEAT LOSS AND GAIN

MISCELLANEOUS: _____

**PERMIT HOLDER IS RESPONSIBLE FOR ARRANGING INSPECTIONS. MUST HAVE
CORRECT ADDRESS AND PERMIT NUMBER WHEN CALLING FOR INSPECTIONS. 24 HOUR
NOTICE REQUESTED FOR INSPECTION.**

PRINT NAME: _____

SIGNATURE: _____

