

Community Development 1050 W Romeo Rd, Romeoville, IL 60446-1530 (815) 886-7200 Fax #: (815) 886-2724

Email: <u>buildinginspections@romeoville.org</u>

HVAC RESIDENTIAL

| (Furnace and/o | | | 1 | , | ND BUI | LDIN | | | ition Date T | e | /_ | | | |
|-------------------------------------|-----------|-----------------|------------------|-------------------|-----------|--------|------------------------------|--------------------------|--------------------------------|-----------------|--------------------|---------|------------|--|
| Property & Owner Information | | | PIN#: | | | | | | Of | Office Use Only | | | | |
| Who is the applicant? | | | | Owner Name: | | | | | Pe | Permit Date: | | | | |
| Who is the contact person? | | | | Property Address: | | | | | Pe | Permit #: | | | | |
| Phone Number | nber | | | Lot #: | | | | | | | | Cost \$ | | |
| Subdivision: | | | | | Township: | | | | | | | | | |
| Estimated Cost of | Project: | | | | | | | | | | | | | |
| Description of Pro | oject: | 1 1 1 | | ~ ^ | | | | | | | | | | |
| | | 111 | ELEC | CTRICAL WO | ORK 🗌 | Yes | □ N | lo | | | | | | |
| | | o. of Circuits: | | | | _4 WIR | | | r of Service | Outle | ets: | 110V _ | 220V | |
| POWER | R DEVICES | N | lo. C | OUTPUT/LO | AD | | PO | WER D | EVICES | | No. | OL | JTPUT/LOAD | |
| 1 2 | | | | | | | | | | | | | | |
| | | | | | | | ctrical Work Estimated Cost: | | | | | | | |
| MECHANICAL WORK Yes No | | | | | | | | | | | | | | |
| | | | | IANICAL WO | | Yes | No | t Unite | | | | | | |
| Forced Air Furnace | | | | nerator | Of New Of | Керіас | Jemeni | | Air Handling | a Unit | <u> </u> | | | |
| Unit Heater | | | | Boiler | | | Heat Pumps | | | | | | | |
| Gas/Oil Conversion | | | Coil Unit | | | | | Air Cleaner | | | | | | |
| Space Heater | | | Window A/C Unit | | | | | Kitchen Exhaust Hood | | | | | | |
| Gravity Furnace | | | Split System A/C | | | | | Hazardous Exhaust System | | | | | | |
| Solid Fuel Appliance | | | A/C Compressor | | | | | Electric Furnace | | | | | | |
| Type of Heating Fuel (Check One) | : Gas | (1) | Oil (2) | ☐ Electrid | c (3) |] Coa | al (4) | | ood (5) Mechanical Est. Value: | Work | ther(6) : \$ | | | |
| Provide the sco | ope of wo | ork and n | nanuf | acturer's | installat | tion i | nstru | uction | S | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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| If yo | | on actor or sub-contractor, a signed copy of the contract must be included with the application. A tractors doing work in Romeoville must be registered, insured and bonded with the Village of | |
|-------|---|--|---------------|
| Ge | neral Contra | ctor | |
| Con | tractor Name | | |
| Con | tractor Address | | |
| Con | tractor Phone | Village Registration Number (for office use only) | |
| Ele | ectrical Conti | ractor | |
| Con | tractor Name | | |
| Con | tractor Address | | |
| Con | tractor Phone | | |
| | Submit an ACC and/or condensi Submit the man A service recept If a furnace is lower a factorial of the existing from the protected with the protected with the existing from the protected with the existing from the existing from | ufacturer's installation instructions for the furnace and/ or condensing unit. accle and a disconnect switch are required to be mounted to the furnace. cated within an enclosed room, the door enclosing that room shall be louvered. e thermostat is required. It must be capable of controlling the heating and cooling system on to maintain different temperature set points at different times of the day. leg and shut-off value shall be provided for the black steel gas pipe to the furnace. urnaces disconnect and receptacle wiring is non-metallic sheathed cable (Romex), it shall be | Office Use |
| | | | |
| Per | mit & Inspection R | Requirements | Office |
| Plea | ise read the require | ments and place a \checkmark in the column to the left to confirm that you understand and agree. | Use |
| | The Building Perr | nit shall be posted in the building's window where it can be seen from the street. | |
| | buildinginspecti scheduled. | shall be scheduled 72 hours in advance by calling (815)886-7200 or by emailing ons@romeoville.org. Your permit number shall be provided when inspections are | |
| | | and mechanical inspections are required. | |
| | | or required inspections may result in a "Stop Work Order". an inspection, a re-inspection fee shall be paid before continuing work and before | |

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| agree, that in consideration of and upon issuance applied for, and that such premises shall be used of I hereby certify that I am the owner of record of the record and that I have been authorized by the owner all applicable laws of this jurisdiction. In addition | he named property, or that the proposed work is authorized by the owner of er to make this application as his authorized agent and I agree to conform to n, if a permit for work described in this application is issued, I certify that representative shall have the authority to enter areas covered by such permit |
|--|--|
| Signature of Applicant: | Date: |
| This Page for Office Use Only (Approval & Revi | iew Status) |
| Building Department Activity Reviewed by Building Review - ELECTRIC | Building Review - HVAC |
| Planning: (if applicable) Date Plans Received | Date Plans Approved |
| Plans Examiner | Plans Approved By |
| Clerical | minity Matte |
| Clerical to check on all contractors to make sure that they are current with their license. | Contacted Date: |
| Clerical check for outstanding debt: | Person Contacted: |
| N. | Contacted By: |
| Notes | |

The project shall start within ninety (90) days from the date the permit is issued and completed within one hundred and eighty (180) days.

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