

City of Madisonville

67 North Main Street
Madisonville, KY 42431

Phone: 270-824-2196 Fax: 270-824-2197
Email: fwallace@madisonvillegov.com

Date _____

Permit No _____

HVAC CONSTRUCTION PERMIT APPLICATION:

It is expressly understood and the applicant states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

____ SINGLE FAMILY DWELLING
____ MULTI-FAMILY DWELLING
____ COMMERCIAL BUILDING

Location Address _____ Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

CHECK EACH BOX THAT APPLIES:

____ New Construction ____ Existing Unit ____ Single Family Unit ____ Duplex ____ Other

First Residential System \$105.00 PLUS (____ # of additional systems X \$50.00 = _____) Total Permit Cost _____

Commercial Project Cost _____ (see HVAC Fee Schedule). (Round to nearest \$)

Date of Sizing Calculations _____ Orientation of Structure _____

Summer Design Conditions _____ Winter Design Conditions _____

Square Footage System 1 _____ System 2 _____

Heat Gain _____ System 2 _____

Heat Loss _____ System 2 _____

(1) Equipment Type ____ Gas ____ Oil ____ Electric ____ Water to Air

(2) Equipment Size _____

The City of Madisonville is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8.070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it will be your responsibility to notify the City immediately. The above information is to the best of my knowledge, true and correct. It is understood and agreed that any error, misstatement or misrepresentation of fact, or any alteration or change in plans after issuance of the HVAC permit, shall constitute sufficient grounds for the revocation of the permit.

Master HVAC Signature _____ License No _____

Complete Address _____

Office/Home Phone No _____ Mobile Phone No _____

Email Address _____ Fax No _____

OFFICE USE ONLY

Concealed Inspection _____ Rough-In Inspection _____ Final Inspection _____

Associated Building Permit # _____ Date Permit Paid _____ Date Permit Issued _____

Notes: *July 1st, 2015, DUCT BLAST TEST IS REQUIRED FOR DUCTWORK IN NONCONDITIONED SPACES FOR RESIDENTIAL ..PER 2009 JECC*

