

## Date \_\_\_\_\_ Permit No. \_\_\_\_\_ HVAC CONSTRUCTION PERMIT APPLICATION: \_\_\_\_\_

Location Address	
Owner's Name	Address
Phone Number	Email
CHECK EACH BOX THAT APPLIES:	
New Construction Existin	g Unit Single Family Dwelling Duplex C Other
First Residential System \$105.00, PLUS Commercial Project Cost Commercial Only	
Date of Sizing Calculations	Orientation of Structure
Summer Design Conditions	Winter Design Conditions
Square Footage System 1	System 2
Heat Gain System 1	System 2
Heat Loss System 1	System 2
(1) Equipment Type: 🔲 Gas	Oil   Electric   Water to Air
(2) Equipment Size:	
undersigned, are fully aware that you are responsible for obtain all required inspections. If for any reason you fail to information is, to the best of my knowledge, true and corre alteration or change in plans after issuance of the HVAC pe	this installation in its entirety through completion. It is your responsibility to notify, request and o complete this installation, it will be your responsibility to notify the City immediately. The above ect. It is understood and agreed that any error, misstatement or misrepresentation of fact, or any ermit, shall constitute sufficient grounds for the revocation of the permit.
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