



# HVAC PERMIT APPLICATION

FOR BUILDING PERMIT # \_\_\_\_\_

OR PARCEL # \_\_\_\_\_

DEPOSITORY ACCOUNT # \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

Job Address \_\_\_\_\_

General Contractor \_\_\_\_\_

Use of Building: Single Family Multi-Family Commercial Other

Scope of Work: New Installation \*Change-out Repair Other

## LIST ALL EQUIPMENT TO BE INSTALLED

AN ADDITIONAL FEE WILL BE ACCESSED ON EACH COMMERCIAL KITCHEN HOOD FOR THE FIRE  
SERVICE REVIEW AND INSPECTION DIVISION

TYPE OF EQUIPMENT	Quantity	Model	Manufacturer	BTU/KW	SEER/ARI
Air Conditioner/Condenser	_____	_____	_____	_____	_____
Air Handler/Evaporator	_____	_____	_____	_____	_____
Commercial Kitchen Hood	_____	_____	_____	_____	_____
Forced Air Systems	_____	_____	_____	_____	_____
Evaporative Cooler	_____	_____	_____	_____	_____
Refrigeration Unit	_____	_____	_____	_____	_____
Boiler	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

TOTAL VALUE OF CONTRACT \$ \_\_\_\_\_

Qualifying Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Mechanical Contractor's Name \_\_\_\_\_ License No. \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

### Notary as to Contractor:

The forgoing instrument was acknowledged before me this \_\_\_\_\_ Day of \_\_\_\_\_  
20 \_\_\_\_\_

\_\_\_\_\_  
Notary Signature Stamp:

Notary Signature

Known Personally \_\_\_\_\_ or Identification \_\_\_\_\_

Type of Identification \_\_\_\_\_

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF  
CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS  
COMMENCED.