

# APPLICATION FOR HVACR PERMIT

APPLICANT INSTRUCTION: PLEASE PRINT



OFFICE USE ONLY:  
ASSIGNED PERMIT NO:

\_\_\_\_\_

## Applicant Information

Application Date: \_\_\_\_\_

Applicant:     Owner     Contractor     Other

Applicant Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

## Property Information

Street Address No.: \_\_\_\_\_ Street Name: \_\_\_\_\_

ZONING:

M-1     M-2     C-1     C-2     C-3     O-1     RS-1     RS-2     RS-3     RD-1     RA-1     RA-2

## Owner Information

Owner Full Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter area covered by such permit at any reasonable hour to enforce the provisions of the code(s).

SIGNATURE OF APPLICANT

ADDRESS

PHONE NUMBER

**APPLICATION FOR HVACR PERMIT CONTINUED  
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**HVACR EQUIPMENT INFORMATION**

Property Address: \_\_\_\_\_  
Project Description: \_\_\_\_\_  
Installation Date: \_\_\_\_\_

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Single Phase: \_\_\_\_\_ 3 Phase: \_\_\_\_\_

New Installation: \_\_\_\_\_ Replacement: \_\_\_\_\_

**Cooling**

No. of Tons: \_\_\_\_\_ Split Unit: \_\_\_\_\_ Package Unit: \_\_\_\_\_

**Heat**

BTUH: \_\_\_\_\_

Gas: \_\_\_\_\_ Heat Pump: \_\_\_\_\_ Electric Heat Strip: \_\_\_\_\_ KW Rating of Heat Strip: \_\_\_\_\_

Other: \_\_\_\_\_

**Refrigeration**

No. of HP: \_\_\_\_\_

Cooler: \_\_\_\_\_ Freezer: \_\_\_\_\_ Other: \_\_\_\_\_

**Exhaust/Ventilation**

HP: \_\_\_\_\_ CFM: \_\_\_\_\_

**For replacements, provide original equipment information.**

Single Phase: \_\_\_\_\_ 3 Phase: \_\_\_\_\_

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Cooler: \_\_\_\_\_ Freezer: \_\_\_\_\_ Other: \_\_\_\_\_

**Exhaust/Ventilation**

HP: \_\_\_\_\_ CFM: \_\_\_\_\_

**COMMENTS:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_