

# HEATING AND COOLING PERMIT APPLICATION

Permit Number HTG _____		Permit Fee \$ _____	Date _____
<b>A. ADDRESS:</b>  _____ NUMBER N-S-E-W STREET NAME APT #  IF THIS BUILDING HAS MULTIPLE ADDRESSES:  LOWEST NUMBER _____ HIGHEST NUMBER _____	<b>K. PRIMARY ENERGY SOURCE:</b>  _____ 1) ELECTRIC _____ 2) GAS    _____ 3) OIL _____ 4) SOLAR    _____ 5) STEAM _____ 6) WATER _____ 7) GEOTHERMAL	<b>L. SECONDARY ENERGY SOURCE:</b>  _____ 1) ELECTRIC _____ 2) GAS    _____ 3) OIL _____ 4) SOLAR    _____ 5) STEAM _____ 6) WATER _____ 7) GEOTHERMAL	
<b>B. OWNER OF THE PROPERTY:</b>  NAME _____  ADDRESS _____ NUMBER N-S-E-W STREET NAME APT #  CITY _____ STATE _____ ZIP CODE _____  TELEPHONE NUMBER (_____) _____  EMAIL ADDRESS _____	<b>M. Is this location in a designated flood area? If so, is the current equipment operational?</b> _____ YES    _____ NO    _____ N/A		
<b>C. USE OF STRUCTURE: (CHECK ONE)</b>  _____ 1) ONE FAMILY    _____ 2) TWO FAMILY _____ 3) NON-RESIDENTIAL    _____ 4) MULTI-FAMILY/CONDOS (3 OR MORE UNITS)	<b>N. Is this scope of work only extending a new gas line to service a listed appliance?</b> _____ YES    _____ NO		
<b>D. PERMIT TYPE: (CHECK ONE)</b>  _____ 1) ADDITION _____ 2) INSTALLATION - Existing Structure _____ 3) NEW INSTALLATION _____ 4) REPLACEMENT	<b>O. Will any electrical work be accomplished under this permit?</b> _____ YES    _____ NO		
<b>E. DETAILED SCOPE OF WORK:</b>  _____ _____ _____ _____	<b>P. Will any ductwork or other type of transfer be involved under this permit?</b> _____ YES    _____ NO		
<b>F. VALUE OF HVAC WORK: \$</b> _____	<b>Q. TYPE OF SYSTEM OR EQUIPEMENT:</b>  _____ 1) COOLING SYSTEM    _____ 2) HEATING SYSTEM _____ 3) COMBINED HTG & CLG    _____ 4) REFRIGERATION		
<b>G. CONSTRUCTION DESIGN RELEASE:</b> _____	<b>R. BTUs (input)</b>  TOTAL HEATING BTUs _____ Number of Units _____ TOTAL COOLING BTUs _____ Number of Units _____ TOTAL REFRIGERATION BTUs _____ Number of Units _____		
<b>H. STRUCTURAL PERMIT NUMBER</b> _____	<b>S. CONTRACTOR RESPONSIBLE FOR HVAC PERMIT:</b>  If the applicant is obtaining the permit for a contractor which is licensed with the Department of Business and Neighborhood Services, please complete the following information:  _____ Business Name _____  Business License Number: _____ <b>I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.</b>		
<b>I. SQUARE FOOTAGE</b> _____	Applicant Name _____  _____ Date _____ Applicant Signature _____ Applicant License Number: _____ Applicant Email Address: _____ Telephone Number: (_____) _____ Fax Number: (_____) _____		
<b>J. TYPE OF HEATING OR COOLING:</b>  _____ 1) FORCED AIR    _____ 2) HEAT PUMP _____ 3) REFRIGERANT    _____ 4) VARIABLE AIR VOL _____ 5) HIGH PRESS STEAM    _____ 6) LOW PRESS STEAM _____ 7) POOL HEATER    _____ 8) MEDIUM PRESS STEAM _____ 9) RADIANT    _____ 10) INDUSTRIAL PROCESSING			