



Permit No. _____
Date: _____

HVAC, GAS PIPING & WATER HEATER PERMIT / CERTIFICATE OF PLAN APPROVAL

LOCATION OF JOB _____ LOT # _____

OWNER'S NAME _____ PHONE # _____

OWNER'S ADDRESS _____ CITY/STATE/ZIP _____

CONTRACTOR'S NAME _____ PHONE # _____

CONTRACTOR'S ADDRESS _____ CITY/STATE/ZIP _____

ARCHITECT'S NAME _____ PHONE # _____

ARCHITECT'S ADDRESS _____ CITY/STATE/ZIP _____

RESIDENTIAL NUMBER OF UNITS <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO OR THREE FAMILY <input type="checkbox"/> FOUR OR MORE UNITS <input type="checkbox"/> CONDOMINIUM / TOWNHOUSE	TYPE OF WORK: <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> EXTENSION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/> RECONNECTION <input type="checkbox"/> SPECIAL INSPECTION <input type="checkbox"/> GAS PIPING <input type="checkbox"/> WATER HEATER	EQUIPMENT LOCATION: <input type="checkbox"/> ATTIC <input type="checkbox"/> BASEMENT <input type="checkbox"/> UTILITY ROOM <input type="checkbox"/> CEILING <input type="checkbox"/> WALL <input type="checkbox"/> ON ROOF <input type="checkbox"/> OTHER	FIRED BY: <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE
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HEATING, VENTING & A/C:
 FURNACE BOILER
 AC HEAT PUMP

TYPE OF HEATING:

<input type="checkbox"/> FORCED WARM AIR	<input type="checkbox"/> LOW PRESSURE STEAM	EQUIP. MFG.: _____
<input type="checkbox"/> FORCED HOT WATER	<input type="checkbox"/> SOLID FUEL	BTU: _____
<input type="checkbox"/> UNIT HEATER	<input type="checkbox"/> SOLAR	COST OF LABOR & MATERIALS: \$ _____
<input type="checkbox"/> GRAVITY WARM AIR	<input type="checkbox"/> RADIANT	
<input type="checkbox"/> GRAVITY HOT WATER	<input type="checkbox"/> RADIATOR	
<input type="checkbox"/> ROOM HEATER	<input type="checkbox"/> WATER HEATER	

HVAC FEE SCHEDULE (ROUND UP TO NEAREST \$1,000.00)

COST OF LABOR & MATERIALS	FEE	AMOUNT
Replacement of Heating System < 200,000 BTU and/or Cooling Systems < Five Tons (Single-Family Detached Only)	\$35.00	
Less than \$1,000	\$40.00	
\$1,000.01 to \$2,000	\$50.00	
\$2,000 to \$25,000	\$50.00 plus \$7.00 for each \$1,000 part thereof in excess of \$2,000	
\$25,000 to \$100,000	\$210.00 plus \$6.00 for each \$1,000 or part thereof in excess of \$25,000	
\$100,000 to \$500,000	\$660.00 plus \$3.00 for each \$1,000 or part thereof in excess of \$100,000	
\$500,000 & over	\$1,860.00 plus \$2.50 for each \$1,000 or part thereof in excess of \$500,000	
Plan Review		
1% Residential or 3% Commercial State Surcharge		\$
TOTAL		\$

In consideration of the issuance of this permit, the owner and his agent or contractor do hereby covenant and agree to comply with all laws of the State of Ohio and the Building Code and Zoning Ordinance of Miamiisburg, Ohio, and to install the proposed building and/or work, or make the proposed change or alteration or do the work described above. In accordance with the plans and specifications as approved by the Building Inspector, and certify that the information and statements given on this application and the accompanying drawings and specifications are true and correct to the best of their knowledge

SIGNATURE _____ PHONE # _____

PRINT NAME _____ DATE _____

E-MAIL _____