



Permit No. _____
Date: _____

**HEATING, AIR CONDITIONING, GAS PIPING & WATER HEATER PERMIT/APPROVAL APPLICATION**

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 \_\_\_\_\_

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

**TYPE OF HEATING:**

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

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 \_\_\_\_\_