

Permit No \_\_\_\_\_

Date \_\_\_\_\_

Bldg Permit No \_\_\_\_\_



Department Of Public Safety- Division Of Building Inspection  
 One Public Square Willoughby, Ohio 44094  
 P: (440) 953-4118 F: (440) 953-4167

## Application For HVAC Permit

Job Address \_\_\_\_\_ S/L \_\_\_\_\_

Owners Name \_\_\_\_\_

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Description Of Work:

| Application/Review Fee  | Total    |
|---|----------|
| Residential \$ 25.00 + \$ .25 (tax) / Commercial \$100.00 + \$ 3.00 (tax) | \$ _____ |

| New Installations   | Minimum Fee            |          |
|---|------------------------|----------|
| All Residential and Multi-Family R-2, R-3:                      | \$ 75.00/dwelling unit | \$ _____ |
| All other OBC uses  | \$ 175.00              | \$ _____ |
| All air conditioning systems (in addition to above)             |                        | \$ _____ |
| • Minimum plus \$10.00 for first ton plus \$2.00/ton thereafter | # of tons _____        |          |

| Alteration and Repairs                             |           |          |
|--|-----------|----------|
| All Residential and Multi-Family R-3               | \$ 50.00  | \$ _____ |
| • Heating and/or air conditioning unit replacement |           | \$ _____ |
| All other OBC uses                                 | \$ 100.00 | \$ _____ |
| Space heater/through-wall heater(s)                | \$35.00   | \$ _____ |
| Industrial/commercial unit heater(s)               | \$35.00   | \$ _____ |
| Exhaust hood systems                               | \$35.00   | \$ _____ |
| Miscellaneous (including duct system)              | \$35.00   | \$ _____ |
| 1% Residential 3% Commercial State Tax             |           | \$ _____ |

|                  |          |
|------------------|----------|
| <b>Total Fee</b> | \$ _____ |
|------------------|----------|

|                             |      |          |
|-----------------------------|------|----------|
| SERVICE DEPARTMENT APPROVAL | DATE | COMMENTS |
|-----------------------------|------|----------|