

SECTION I**APPLICATION FOR HVAC PERMIT**

PERMIT TYPE	<input type="checkbox"/> HVAC	<input type="checkbox"/> RANGE HOOD	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> MECHANICAL REFRIGERATION
CONTRACTOR			LIC. NO.	
ADDRESS			PHONE	
SUPERVISOR			LIC. NO.	
LOCATION			ZIP CODE	
OWNER			PHONE	
ADDRESS			ZIP CODE	

SECTION II**DETAILED INFORMATION**

APPLICATION TYPE Select only one (1)	<input type="checkbox"/> ONE OR TWO FAMILY	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> COMMERCIAL	
EQUIPMENT TYPE	<input type="checkbox"/> GAS	<input type="checkbox"/> OIL	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> WATER TO AIR
NO. OF COMBINATION UNITS: _____		NO. OF DUCT OPENINGS _____		
NO. OF HEATING UNITS: _____		NO. OF FIN TUBE RADIATORS: _____		
NO. OF BOILERS: _____		FAN COIL OR AIR HANDLING UNITS: _____		
NO. OF ROOF TOP UNITS: _____		NO. OF INFRARED HEATERS: _____		
NO. OF COMMERCIAL DRYERS: _____		NO. OF CHILLERS: _____		
NO. OF A/C UNITS _____		NO. OF OTHER TYPE: _____		
NUMBER OF RANGE HOODS: _____		NO. WITH SUPPRESSION _____		
NO. OF SOLID FUEL BURNING DEVICES: _____				
NO. OF MECHANICAL REFRIGERATION UNITS: _____		NO. OF TONS: _____		
ESTIMATED COST: \$ _____				
RELATED BUILDING PERMIT NUMBER: _____		PERMIT FEE CHARGE \$ _____		

SECTION III**REMARKS TO INSPECTOR**

SUPERVISOR'S SIGNATURE		DATE	
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MAKE CHECK PAYABLE TO THE CITY OF JEFFERSONTOWN
PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE