



City of Jeffersontown
 Department of Permitting and Enforcement
 10416 Watterson Trail
 Jeffersontown, KY 40299
 Phone: (502) 267-8333 Fax: (502) 267-0547
jeffersontownky.gov

**FOR OFFICE
 USE ONLY**
 Date: _____
 Permit Number: _____

Homeowner's HVAC Waiver Requirements

Address: _____

Related Permits to Address Number: _____

By signing this application, it is understood that I, _____ am the owner of the above-mentioned property and am currently residing in the above-mentioned property; if I am not currently residing in the property, I attest that I will reside there upon completion of the work. I also affirm that the home is not currently for sale and that any and all HVAC related work being done in the above-mentioned home is being completed by myself and no other person. I also understand that the work **must meet the Kentucky Building Code and I am responsible for contacting the local RPA regarding reclaiming of Freon Certification.** I am required to obtain the inspection(s) from Jeffersontown Building Department, to ensure the above requirements have been met. This includes a final inspection. If I am found to have falsified this application in any way, then I will face violation fees and or legal action taken against myself.

 Signature of Owner or Agent Date

Subscribed and sworn to before me by _____

Homeowner or Agent, on this _____ day of _____ 20____

Notary Public _____

State at Large Kentucky

My Commission Expires: _____