



State _____
License # _____

OFFICE USE ONLY	
DATE:	_____
PERMIT #:	_____
RECEIPT #:	_____
AMOUNT:	_____
INSPECTOR:	_____
ISSUED BY:	_____

Application
AIR CONDITIONING, HEATING, VENTILATING
SYSTEMS
(PLEASE PRINT)

RESIDENTIAL:

Location: _____
Owner: _____
Address: _____
City: _____ St.: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Tenant's Name: _____
Phone: _____

COMMERCIAL:

Location: _____
Business Name: _____
Phone Number: _____
Owner: _____
Address: _____
City: _____ St.: _____ Zip: _____
Phone: _____
Agent: _____

(check one)

Home Owner Permit Contractor Permit

CONTRACTOR INFORMATION

Company Name: _____
Address: _____
City: _____ St.: _____ Zip: _____
Phone: _____
Contact: _____
Work To Be Performed By: _____

General Contractor
 Sub-Contracted From:
Name: _____
Address: _____
City: _____ St.: _____ Zip: _____

Are you currently registered with the City of University Heights: (check one)

No Yes: Number: _____ Expiration Date: _____

Date Installation Will Begin: _____ Completed: _____

Estimated Cost: \$ _____

DESCRIPTION OF PROPERTY

Address: _____ Plot Number: _____ Sub Lot: _____

Size of Lot: _____

Set Back: _____ Right Side Yard: _____ Left Side Yard: _____ Rear Yard: _____

Size of Building: _____ Size of Garage: _____ Attached Detached

Type: _____ Number of Stories: _____

For Commercial Installations Only:

Use Group: _____ Zoning District: _____

SPECIFICATIONS AND DESCRIPTION OF WORK

Compressor To Be Located: _____

CHECK ALL THAT APPLY

- New Installation Replacement Addition to Existing High Efficiency (90+)
 Central Air-Conditioning Steam Boiler Hot Water Boiler Forced Air Furnace
 Gravity Furnace Thru The Wall Heater Combination Furnace/Cooling
 Other: (specify) _____

EXISTING FURNACE FUEL SOURCE

- GAS OIL ELECTRIC OTHER, SPECIFY _____

THIS SECTION MUST BE COMPLETED BEFORE PERMIT IS ISSUED

A. Combustion Air Required

Furnace	Input	BTU	_____
Water Heater	Input	BTU	_____
Other	Input	BTU	_____
Add total	Input	BTU	_____

Amount of combustion air required for units:

50 cubic feet X $\frac{\text{Total Input BTU}}{1,000}$ = _____ Cubic feet

B. Combustion air in available space to nearest solid door

Width X Length X Height of room = _____ Cubic feet

C. Combustion Air Value of A _____ of B _____

Value of A should be greater than B

NEED MAKE-UP AIR? (CIRCLE ONE) YES NO

Combustion Air, if needed, to be taken from (circle one) indoor or outdoor or both

Units Manufactured By: _____ Model Number: _____

GAS
 Electric: Volts _____ Phase _____

GAS
 Electric: Volts _____ Phase _____

New Duct Work: _____ Provide Chimney Liner as required by the National Fuel & Gas Code Section-501 _____
yes/no yes/no

Installation Instructions: (check one)

- To be Submitted With This Application To be Left with Unit

Electrical Service Upgrade: (check one and complete)

No: Current Service: _____ AMPS.

Yes: From _____ AMPS to _____ AMPS. Name of Electrical Contractor: _____

NOTE: A SEPARATE PERMIT IS REQUIRED FOR ALL AND ANY NEW ELECTRICAL WORK PERFORMED IN CONJUNCTION WITH THIS INSTALLATION.

SITE PLAN

(Draw sketch of lot, buildings and show distances from lot lines and other buildings.)

INSPECTIONS

IT IS HEREBY SPECIFICALLY AGREED THAT THE UNDERSIGNED OR THEIR REPRESENTATIVES WILL NOTIFY THE BUILDING DEPARTMENT TO INSPECT ALL INSTALLATIONS OF HEATING, VENTILATING AND AIR CONDITIONING EQUIPMENT. THIS INCLUDES ALL ROUGH INSPECTIONS AND FINAL INSPECTIONS OF ALL WORK PERFORMED.

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO MAKE THE NECESSARY ARRANGEMENTS FOR ANY AND ALL ROUGH INSPECTIONS AND FINAL INSPECTION WITH THE BUILDING DEPARTMENT.

I HAVE READ AND AGREE TO THE ABOVE TERMS OF INSPECTION: _____ (initial)

I the undersigned, agree to conform to and abide by the Ordinances of the City of University Heights, all local, state and Federal Codes relating to the work to be performed. The acceptance of the permit herein applied for shall constitute an agreement on my/our part to abide by all conditions therein contained.

_____ signature Date: _____
_____ print name and title

FOR BUILDING DEPARTMENT USE ONLY

Application Number: _____ Plans Received: _____
yes/no

Date Received: _____

Fees Paid: Cash Check Money Order

Amount(s): _____

Total: _____ Receipt Number: _____ Date: _____

Reviewed By: _____ Date: _____

Denied: _____ Date: _____ Fee Returned: _____

Approved

Approved as Noted: _____

More Information Required

_____ Date: _____

Building Commissioner
City of University Heights

Permit Number _____ Date: _____

Issued By: _____