

**FEES DOUBLE IF  
WORK IS PERFORMED  
WITHOUT PERMIT  
BEING ISSUED**



**NON-TRANSFERABLE  
NO REFUNDS  
EXPIRES IN 180 DAYS**

**AC & Heating Permit Application**

NEW INSTALL \_\_\_\_\_ REPLACE \_\_\_\_\_ ALTERATION \_\_\_\_\_

**Project Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Occupancy Type – (Commercial/Residential):** \_\_\_\_\_

**Owner: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Contractor: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Description of Project:** \_\_\_\_\_

**(Check Two):** Attic \_\_\_\_\_ Closet \_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_ Outside \_\_\_\_\_

**BRAND OF UNIT(S):** \_\_\_\_\_ **VALUE OF WORK: \$** \_\_\_\_\_

**TON OF UNIT(S):** \_\_\_\_\_

**COOLING CAPACITY: ELECTRIC/GAS BTU'S** \_\_\_\_\_

**HEATING CAPACITY: ELECTRIC/GAS BTU'S** \_\_\_\_\_

**SCHEDULE OF FEES:**

PERMIT FEE.....\$25.00

FIRST \$1,000 OF VALUE OF WORK.....\$10.00

EACH ADDITIONAL \$1,000 OR FRACTION.....\$ 2.00

**PERMIT FEE**

**\$** \_\_\_\_\_

**REINSPECTION FEES: (If required)**

\*\*Reinspection fee of \$75.00 is required for failed inspections and must be paid prior to the reinspection.

**I HEREBY ACCEPT ALL CONDITIONS SET ABOVE AND CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE. APPLICANT ACKNOWLEDGES THAT SIGNATURES TRANSMITTED ELECTRONICALLY OR BY FACSIMILE TRANSMISSION HAVE THE SAME LEGAL EFFECT AS ORIGINALS.**

\_\_\_\_\_  
**Original Signature of State License Holder      Printed Name      Date**  
**(If Homeowner is applying for permit, Homeowner must sign above)**