

**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.....	\$50.00
First \$1,000 of value of work	\$10.00
Each additional \$1,000 or fraction of	\$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)

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