Olmsted Township Building Department
Phone: 440-235-4225 27093 Bagley Road • Olmsted Township, Ohio 44138 Fax: 440-235-8025

HVAC PERMIT APPLICATION

Date of Submittal:_____

Project Address_____ Lot # _____ Permanent Parcel #_____
Property Owner's Name_____
Address:_____
Property Owner's Phone _____ Fax _____E-Mail_____

☐ **Homeowner acting as contractor – Affidavit required**
Contractor Name _____ Contact Person _____
Address _____
Street City State Zip
Contractor's Phone # _____Fax _____ Wireless Phone # _____

GENERAL PROJECT INFORMATION

Estimated Cost $_____

Describe project: _____

_____

A. Combustion air available: open space to nearest solid door (C) x 1,000 =_____ (D)
Width x length x height of room = _____ (A) Cubic Feet
(A) Divided by 50 = _____ (C) (D) – (B) = _____ (E)

B. Combustion air required (E) = Combustion Air
Furnace Input BTU _____
Water Heater Input BTU _____
Other Input BTU _____
(B) = Total BTU's _____

☐ **Make-up air to be provided as per R.C.O. if (E) is a negative #** ☐ **No Make-up air needed if (E) is positive #**
*** Additional permits may be required ***

Authorization
The undersigned stated that he/she is the owner of the property or authorized agent for the owner of the project address. This permit is subject to the observance of all resolutions of Olmsted Township and the laws of the State of Ohio, and is subject to revocation if these are not observed.

_____ _____
Signature of Property Owner **Date** **Printed Name**

_____ _____
Signature of Contractor/ Owner's Authorized Agent (if applicable) **Date** **Printed Name**

DEPARTMENT USE ONLY

BUILDING / ZONING REVIEW

Permit fee _____ Zoning Use _____

Permit fee _____ Zoning District _____

State 1% Fee: $_____

Total Permit Fee: $_____

Review **Approved** by: _____ Date: _____

Review **Disapproved** by: _____ Date: _____

NOTES:_____

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