

COMMERCIAL 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

Contractor Name _____ Contact Person _____

Address _____

Street

City

State

Zip

Contractor's Phone # _____ Fax _____ Wireless Phone # _____

GENERAL PROJECT INFORMATION

Single Family

Two Family

Three Family

Estimated Cost \$ _____

Describe project: _____

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

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 (if applicable)

Date

Printed Name

DEPARTMENT USE ONLY

BUILDING / ZONING REVIEW

Zoning Use _____ Zoning District _____

Permit Fee: \$ _____ + State 3%: _____ = Total Permit Fee: \$ _____

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

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

NOTES: _____
