

**COMMERCIAL HVAC PERMIT APPLICATION**

Date of Submittal: \_\_\_\_\_

Project Address \_\_\_\_\_ Lot # \_\_\_\_\_ Permanent Parcel # \_\_\_\_\_  
Property Owner's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Property Owner's Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

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/  
Owner's Authorized Agent (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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_