Olmsted Township Building Department
Phone: 440-235-4225 26908 Cook 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
Contractor Name _____ Contact Person _____
Address _____
Street City State Zip
Contractor's Phone # _____Fax _____ Wireless Phone # _____

GENERAL PROJECT INFORMATION

Estimated Cost $_____

❑ Single Family ❑ Two Family ❑ Three Family

Describe project: _____

_____

A. Combustion air in available space to nearest solid door (A)Total_____
Width x length x height of room+_____ +(B)Total_____
B. Combustion air required
Furnace Input BTU _____ (A) – (B)=_____
Water Heater Input BTU _____
Other Input BTU _____
Add Total Input BTU _____

☐ Make-up air to be provided as per R.C.O. ☐ No Make-up air needed

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 _____

Total Permit Fee: $ _____

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

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

NOTES:_____

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