

Date : \_\_\_\_\_  
 Valuation \$ \_\_\_\_\_  
 Permit Fee \$ \_\_\_\_\_  
 Cash     Check # \_\_\_\_\_  
 Permit: # \_\_\_\_\_

Contractor \_\_\_\_\_

Phone \_\_\_\_\_

**CITY OF LORAIN – DIVISION OF BUILDING  
 H. V. A. C. PERMIT APPLICATION**

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address Site of Work \_\_\_\_\_

**INSTALLATION INFORMATION**

I. **TYPE OF WORK:**     NEW                       REPLACEMENT                       REPAIR

II. **PROPERTY TYPE:**     RESIDENTIAL     NON-RESIDENTIAL     OTHER

- |                                               |                                           |                                                 |
|-----------------------------------------------|-------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Forced Air Furnaces  | <input type="checkbox"/> Incinerators     | <input type="checkbox"/> Air Handling Units     |
| <input type="checkbox"/> Unit Heaters         | <input type="checkbox"/> Boilers          | <input type="checkbox"/> Heat Pump              |
| <input type="checkbox"/> Gas/oil Conversions  | <input type="checkbox"/> Coil Units       | <input type="checkbox"/> Air Cleaners           |
| <input type="checkbox"/> Space Heaters        | <input type="checkbox"/> Window A/C Units | <input type="checkbox"/> Kitchen Exhaust Hood   |
| <input type="checkbox"/> Gravity Furnaces     | <input type="checkbox"/> Split System A/C | <input type="checkbox"/> Hazardous Exhaust Sys. |
| <input type="checkbox"/> Solid Fuel Appliance | <input type="checkbox"/> A/C compressors  | <input type="checkbox"/> Electric Furnace       |
| <input type="checkbox"/> Coal Stokers         | <input type="checkbox"/> Humidifiers      | <input type="checkbox"/> De-humidifiers         |
|                                               |                                           | <input type="checkbox"/> Roof Top Unit          |

No. of Units \_\_\_\_\_                      Size of Units \_\_\_\_\_

NOTE: If Air Conditioner or Heat Pump Units are to be located in side yard, affidavits of "NO OBJECTION" must be furnished by abutting owner.

<p>I CERTIFY THAT I AM THE OWNER OF THE ABOVE PROPERTY, THAT THE ABOVE STATEMENTS ARE TRUE AND THAT THE WORK WILL BE PERFORMED ONLY BY MYSELF, PER ORD. 118-96, SECTION III - 1.</p>   <p>_____</p> <p>Owner</p>	<p>I CERTIFY THAT I AM AUTHORIZED BY THE OWNER OF THE ABOVE PROPERTY TO OBTAIN THE DESCRIBED PERMIT; THAT THE ABOVE STATEMENTS ARE TRUE AND THAT THE WORK WILL BE PERFORMED BY CONTRACTOR (S) WHO IS/ARE REGISTERED WITH THE CITY OF LORAIN BUILDING DEPARTMENT.</p>   <p>_____</p> <p>Authorized Representative</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------