

DATE: _____
RECEIPT # _____
APPLICATION # _____
VALUATION: \$ _____
PERMIT FEE: \$ _____

\_\_\_\_\_  
**Contractor**

## CITY OF LORAIN - DIVISION OF BUILDING APPLICATION FOR H.V.A.C. PERMIT

**OWNER:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

### *Installation Information*

I     **Type of Work:**     New \_\_\_\_\_                   Replacement \_\_\_\_\_     Repair \_\_\_\_\_  
 II    Residential \_\_\_\_\_     Non-Residential \_\_\_\_\_     Other: \_\_\_\_\_

Forced Air Furnaces _____	Incinerators _____	Air Handling Units _____
Unit Heaters _____	Boilers _____	Heat Pump _____
Gas/Oil Conversions _____	Coil Units _____	Air Cleaners _____
Space Heaters _____	Window A/C Units _____	Kitchen Exhaust Hood _____
Gravity Furnaces _____	Split System A/C _____	Hazardous Exhaust Sys. _____
Solid fuel Appliance _____	A/C compressors _____	Electric Furnace _____
Coal Stokers _____	Humidifiers _____	De-humidifiers _____

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.**

**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**

**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.**

\_\_\_\_\_  
**OWNER**

\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE OF OWNER**