

## HVAC CONSTRUCTION PERMIT APPLICATION: MULTI-FAMILY DWELLINGS

It is expressly understood and the applicant states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

Location: \_\_\_\_\_ Check City: \_\_\_\_\_ or County: \_\_\_\_\_  
Address

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

**CHECK EACH BOX THAT APPLIES:**

Initial Installation                       Replacement                      Number of Units \_\_\_\_\_

**First system \$105.00 PLUS ( \_\_\_\_\_ # of additional systems X \$50.00 = \_\_\_\_\_ ) Equals \_\_\_\_\_ Total Permit Cost**

**Orientation of Structure \_\_\_\_\_ ( ex Front door faces North)**

**Date of Calculation \_\_\_\_\_ Winter Design Temp \_\_\_\_\_ Summer Design Temp \_\_\_\_\_**

	System 1	System 2	System 3
<b>1 Square Footage</b>			
<b>2 Heat Gain</b>			
<b>3 Heat Loss</b>			

- \* Add additional sheets for more than 3 total systems.
- All underground/underslab installations shall be inspected prior to
- \* covering.

The OMPC is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it will be your responsibility to notify the OMPC immediately.

Master HVAC : \_\_\_\_\_ License # : \_\_\_\_\_

Company : \_\_\_\_\_

Complete Address : \_\_\_\_\_

Office/Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Fax # : \_\_\_\_\_ Email Address : \_\_\_\_\_

DATE OF APPLICATION : \_\_\_\_\_