**CONSTRUCTION PERMIT APPLICATION: COMMERCIAL RANGE HOOD**

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 Unit |  |  Number of Hoods |  |

**(Fee Schedule See Form 303) Project Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permit Fee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Amount in Dollars**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Hood 1** | **Hood 2** | **Hood 3** |
| **1** | **Type 1 / Type 2** |  |  |  |
| **2** | **Integrated Suppression [Y/N]** |  |  |  |
| **3** | **Conditioned Make Up Air [Y/N]** |  |  |  |
| **4** | **Zero Clearance [Y/N]** |  |  |  |
|  |  |  |
| 5 | List appliances with Direct Venting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- |
| The OMPC is issuing this 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. |
| Company : |  |  |  |
| Complete Address : |  |
| Office/Home Phone # : |  | Mobile Phone # : |  |
| Email Address: |  |  |  |

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