RESIDENTIAL
HVAC PERMIT APPLICATION

CITY OF DEFIANCE
BUILDING INSPECTION
631 PERRY STREET SUITE 101
DEFIANCE, OHIO 43512
419-784-2195

RECEIPT NO._____ CHECK NO._____PERMIT NO._____

JOB ADDRESS: _____

ESTIMATED COST OF PROJECT . . . . . $_____

NEW CONSTRUCTION ( ) ADDITION ( ) ALTERATION ( ) REPAIR ( )

TYPE OF EQUIPMENT	NUMBER	FEE
NEW DWELLING – BASE	X $60.00	
Plus Fee per sq ft	X $ 0.05	
ADDITIONS – BASE	X $60.00	
Plus Fee per sq ft	X $ 0.05	
FURNACE NEW	X $30.00	
AIR CONDITIONER NEW	X $30.00	
FURNACE REPLACEMENT	X $30.00	
AIR CONDITIONER REPLACEMENT	X $30.00	
WALL FURNACE	X $30.00	
HEAT PUMP	X $30.00	
MAKE-UP AIR UNIT	X $30.00	
AIR HANDLING UNIT	X $30.00	
WATER HEATER	X $30.00	
GAS LINE	X $30.00	
RE-INSPECTION FEE	X $30.00	

SUBTOTAL	

***RESIDENTIAL ADD 1% SURCHARGE FOR STATE OF OHIO . . . . _____**

TOTAL FEE. . . . . _____

OWNER_____ **CONTRACTOR**_____

ADDRESS_____ **State of Ohio License #:**_____

CSZ_____ **License Expiration Date:**_____

PHONE NO._____ **PHONE NO.**_____

THIS APPLICATION IS SUBMITTED FOR A PERMIT TO ERECT, ADD TO, ALTER OR REPAIR A STRUCTURE AS DESCRIBED IN THIS APPLICATION AND ANY DRAWINGS, WHICH ACCOMPANY IT. THE ACCEPTANCE OF THE PERMIT SHALL BE CONSIDERED AN AGREEMENT ON THE PART OF THE APPLICANT OR HIS AGENTS TO COMPLY WITH THE BUILDING AND ZONING CODES OF THE CITY OF DEFIANCE, OR OTHER ORDERS, REQUIREMENTS OR SPECIFICATIONS STATED IN THE PERMIT.

_____ _____ _____
APPLICANT'S SIGNATURE **PRINT NAME** **DATE**

_____ _____
INSPECTOR **DATE**