



HVAC/MECHANICAL PERMIT APPLICATION

For Office Use Only Digital <input type="checkbox"/>	HVAC Permit No: _____
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Part A - Identification

Project Address		Tenant/Floor/Suite/Unit/Lot	
Owner Information as Listed with HC Auditor		Contractor Information (REQUIRED)	
Name	Name		
Address	Address		
Contact Phone	Contact Phone		
Primary Contact on Project (REQUIRED)			
Name	Contact Phone	Contact Fax	
Address	Email Address		

Part B - Primary Use of the Main Building on Property (Select from the following Uses only) (See Use Guide for Details)

Current Use	Use Group	# Dwell Units	ASSEMBLY A-1 A-2 A-3 A-4 A-5	BUSINESS B	EDUCATION E	FACTORY F-1 F-2
Proposed Use	Use Group	# Dwell Units	HIGH HAZARD H-1 H-2 H-3 H-4 H-5	INSTITUTIONAL I-1 I-2 I-3 I-4		MERCANTILE M
			RESIDENTIAL 123 Fam R-1 R-2 R-3 R-4	STORAGE S-1 S-2	UTILITY U	VACANT LAND VAC

Part C - Type of Mechanical Equipment

Describe the proposed work in detail:	Associated Building Permit # _____	Fair Market Value of Labor & Materials for this Application (Do not include cost of electrical or any work covered by a separate application) \$ _____
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	No. Units	Mfg Name	Model No./Efficiency	Fuel	Btuh
Furnace Up Flow <input type="checkbox"/> Count Flow <input type="checkbox"/>					INPUT _____
Air Condition Electric <input type="checkbox"/> Gas <input type="checkbox"/>					H. _____ C. _____
Combo Unit: Heat & A.C.					H. _____ C. _____
Heat Pump					H. _____ C. _____
Boiler Hot water <input type="checkbox"/> Steam <input type="checkbox"/> Process <input type="checkbox"/>					H. _____ C. _____
Unit Heater					H. _____ C. _____
Kitchen Hood & Exhaust Systems					CFM _____
Hood Fire Suppression System					CFM _____
Fireplaces/ Other					

Replacement Unit Yes <input type="checkbox"/> No <input type="checkbox"/>	(a) Connection to the EXISTING wiring Yes <input type="checkbox"/> No <input type="checkbox"/>	(b) Ductwork New <input type="checkbox"/> Existing <input type="checkbox"/>	Boilers, Cooling Towers and related equipment directly connected to the Potable Water System: Backflow Prevention Chemically Treated System ASSE 1012 <input type="checkbox"/> ASSE 1013 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Total # of Sheets in one set of drawings (Including Specifications) _____
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Part D - Authorizations

The owner or agent of this building and the undersigned do hereby certify that the information and statements given on this application, drawings and inspections are true and correct to the best of their knowledge. The undersigned further certifies their authorization to grant consent and does hereby grant consent to the inspection of the described premises at any time when work on those premises is ongoing by employees of the City of Cincinnati .

Applicant's Signature _____ **Date** _____

BUILDING USE CODES				For Office Use Only	
A-1	Concert Hall or Theatre w/Stage	I-2	Inst Hospital	Electrical Inspection Required	Yes <input type="checkbox"/>
A-2	Nightclubs or Restaurants	I-3	Inst Prison		No <input type="checkbox"/>
A-3	Churches or Other Assemblies	I-4	Adult Daycare	Zoning District	_____
A-4	Sports Arena	M	Mercantile	Use Group	_____
A-5	Outdoor Facilities	U	Utility	HVAC Permit Fee	_____
B	Business	1-2-3 Family	1-2-3 Family Dwelling	Investigation Fee	_____
E	Education	R-1	Res Hotel/Motel/Boarding Homes	OH State Surcharge	_____
F-1	Factory Moderate Hazard	R-2	Multi Fam Apartment Building	Technology Fee	_____
F-2	Factory Low Hazard	R-3	Multi Fam Townhouses <3 Units Attach	Total Permit Fee	_____
H-1	Explosives	R-4	Assisted Living Facility	Reviewed By:	
H-2,H-3,H-4	Flammable Gases, Toxic, Corrosives	S-1	Storage Moderate Hazard	Zoning	Date
H-5	Haz Prod Materials or Semi Cond Fab	S-2	Storage Low Hazard		
I-1	Inst Res Care/Halfway House	VAC	Vacant Land	Building	Date

COMPLETE FOR A NEW 1,2 OR 3 FAMILY BUILDING AND WHERE OTHERWISE ACCEPTABLE

Floor	Name of Room	Heat Loss	Baseboard Radiation	Heat Gain	Supply Air	Radiation	Supply Ducts		Return Ducts		
		Warm air Hot Water Steam Btuh	Electric	Air Cond	Heating &/or A.C	Hot Water or Steam	# of outlets per room	Area	Grilles Free Area	Area	
			Btuh	Btuh	CFM	Sq. Ft		Sq. In	Sq. In	Sq. In	
BTU per HR. Register _____							(a)				
Total Branch Area							(a)				
Total Trunk Duct Size							(b)	(b)			(b)

Above Calculations Made By _____

Address _____