



**APPLICATION FOR HVAC PERMIT
CITY OF LOUISVILLE**

Date _____ Site Address _____

Property Owner(s) Name: _____

Address _____ Phone _____

Registered Contractor/Applicant Name: _____

Address _____ Phone _____

Total Square Feet: _____ Estimated Cost of Project: \$ _____ Building Type: New Old

PLEASE CHOOSE TYPE OF HEATING/COOLING PERMIT YOU ARE APPLYING FOR:

Type of HVAC System	
<input type="checkbox"/> New Gravity Furnace <input type="checkbox"/> Gravity Replacement <input type="checkbox"/> New Forced Warm Air Furnace <input type="checkbox"/> Conversion Burner, Gas or Oil	<input type="checkbox"/> Addition of Cold & Warm Air Pipes <input type="checkbox"/> New Air Conditioner <input type="checkbox"/> Air Conditioner Replacement <input type="checkbox"/> Other _____

By signing, applicant is:

1. Consenting to the City's entry onto the property for inspection purposes.
2. Installing HVAC equipment in compliance with the Building Code for the City of Louisville.

Signature of Applicant _____ **Date** _____

For Office Use Only:

City Permit Fee _____	State Fee 1% _____	Permit Number _____
Zoning District _____	Lot # _____	Parcel # _____