

Building Department - Residential H.V.A.C. Application for Permit

Date: _____ Homeowner's Name: _____ Phone # _____

Site Address: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Registration # _____ Contractor's Phone Number: _____

NOTICE: Re-inspection fee of \$25 per inspection will be charged

Contractor's Cell Phone Number: _____

Describe type of work being performed: _____

Base Fee: New Construction: \$100.00 Remodel / Repair: \$75.00 Accessory Structure \$10.00

Furnace/Boilers/Solar/Elect. Base Fee: \$ _____

Related Equipment:

Quantity:

Quantity:

_____ Under 150,000 BTU x \$20: \$ _____
_____ Over 150,000 BTU x \$25: \$ _____
_____ Additional 1000,000 BTU \$6 per: \$ _____

_____ Fireplace/Stove/Heat \$ _____
(solid fuel appliances
& stoves) **\$100**

A/C Base Fee: \$ _____

_____ Air Cleaner-\$50 \$ _____

Quantity:

_____ Humidifier
assembly-\$20 \$ _____

_____ 1 ton x \$5 \$ _____
_____ 2 ton x \$10 \$ _____
_____ 3 ton x \$15 \$ _____
_____ Over 3 x \$30 \$ _____

_____ Chimney's (Factory/
Masonry) \$100 each \$ _____
(includes re-line)

of Refrigerant

_____ Duct Work-\$100 \$ _____

_____ 1 to 5# x \$10 \$ _____
_____ 5 to 20# x \$20 \$ _____
_____ 20 to 100# x \$40 \$ _____
_____ Over 100 # x \$60 \$ _____

_____ Other x \$10 each \$ _____

Sub Total \$ _____

Total \$ _____

**NOTE: All inspections including final must be scheduled 24 hours in advance.
Permit Number is Required.**

Estimated Cost: _____ Signature of Applicant _____

P.P. # _____

Approved by (inspector initials) _____

H.V.A.C. Permit # _____

1% BBS Fee: \$ _____

Receipt # _____

Grand Total Fee: \$ _____