

C.T. _____
 WARD _____
 OFFICE USE ONLY

CITY OF CLEVELAND
 DEPARTMENT OF BUILDING AND HOUSING
 601 LAKESIDE AVENUE ROOM 505
 CLEVELAND, OH. 44114
 PERMIT Ph: 216.664.2969/4366
 INSPECTIONS Ph: 216.664.2291

HVAC PERMIT NUMBER
H -
 OFFICE USE ONLY

APPLICATION FOR PERMIT
HEATING – VENTILATION
AIR CONDITIONING/REFRIGERATION AND
FUEL GAS PIPING

NEW CONSTRUCTION: ___ YES ___ NO **BUILDING PERMIT No.** _____

OCCUPANCY: ___ 1,2, or 3, FAMILY DWELLING OTHER: _____

1. ADDRESS OF INSTALLATION: _____

2. OWNER NAME: _____

ADDRESS/PHONE: _____

3. HVAC/R CONTRACTOR: _____

ADDRESS/PHONE: _____

4. ESTIMATED COST OF WORK: [MATERIAL PLUS LABOR] \$ _____

5. DESCRIPTION AND SCOPE OF PROPOSED WORK: [SEE CURRENT FEE SCHEDULE]

1, 2, AND 3 FAMILY DWELLINGS	OHIO BUILDING CODE REGULATED STRUCTURES
<input type="checkbox"/> FURNACE(S) <input type="checkbox"/> BOILER(S) <input type="checkbox"/> HEAT PUMP(S) <input type="checkbox"/> AIR COND UNIT(S) <input type="checkbox"/> WALL / SPACE HEATER <input type="checkbox"/> FIREPLACE / STOVE <input type="checkbox"/> GAS LOGS <input type="checkbox"/> CHIMNEY REPAIR – LINER <input type="checkbox"/> LIN. FT. FUEL GAS PIPING <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FURNACE(S) <input type="checkbox"/> BOILER(S) <input type="checkbox"/> HEAT PUMP(S) <input type="checkbox"/> DUCT HTR(S) <input type="checkbox"/> WALL HTR(S) <input type="checkbox"/> SPACE HTR(S) <input type="checkbox"/> ROOFTOP HTG/COOLING UNIT(S) <input type="checkbox"/> OTHER _____ <input type="checkbox"/> FIRE PLACE / STOVE <input type="checkbox"/> LIN. FT. FUEL GAS PIPING INSTALLED COST OF DUCTWORK SUPPLY/RETURN/EXH. AIR \$ _____ <input type="checkbox"/> KITCHEN HOOD EXHAUST DUCT SYSTEM COST \$ _____ <input type="checkbox"/> OTHER _____ \$ _____ <input type="checkbox"/> REFRIGERATION SYSTEM(S): TYPE _____ CAPACITY: _____ TONS EQUIPMENT DESCRIPTION: _____ _____ <input type="checkbox"/> WALK-IN COOLER(S) <input type="checkbox"/> WALK-IN FREEZER(S)

PERMIT AND INSPECTION FEE: [SEE CURRENT FEE SCHEDULE] \$ _____ EQUIPMENT (HEATING) \$ _____ EQUIPMENT (AC/REFRIGERATION) \$ _____ FUEL GAS PIPING \$ _____ DUCTWORK AND APPURTENANCES \$ _____ LATE FEE (IF APPLICABLE) \$ _____ TOTAL	<input type="checkbox"/> CORRECT VIOLATION DATED ___ - ___ - ___
	OFFICE USE: APPROVED: _____

THE UNDERSIGNED, BEING THE REGISTERED HVAC/R CONTRACTOR DOES HEREBY AGREE TO INSTALL THE ABOVE NOTED WORK IN ALL RESPECTS IN COMPLIANCE WITH THE BUILDING CODE OF THE CITY OF CLEVELAND.

CONTRACTOR'S SIGNATURE: _____ DATE: _____

HVAC Permit Application Instructions

NEW CONSTRUCTION: ___YES ___NO Check "Yes" if this HVAC or refrigeration work is new construction. Check "No" if this work is replacement or repair.

BUILDING PERMIT No. _____ Fill in the Building Permit number for the general trades work associated with this project. Heating, Ventilation, Air Conditioning and Refrigeration plans were approved under this building permit number. You may need to submit plans if no building permit number is entered. If the HVAC/R work requires no general trades work (e.g. replacing condenser) insert "None" on the line.

OCCUPANCY: ___1-,2-, or 3-FAMILY DWELLING OTHER:_____ Check if this is a 1-, 2-, or 3-Family Dwelling; if commercial or any other use, fill in the "OTHER" blank (.eg. store, office, warehouse, church, school, hospital.)

1. ADDRESS OF INSTALLATION: _____ This is the address where the work will be completed. Include floor number or suite number to further locate the installed work, .eg. Basement, 3rd Floor, or Throughout.

2. OWNER NAME: _____
ADDRESS/PHONE: _____ This is the property owner's name, address and phone number. Note that the business owner may not be the same as the property owner. Please provide the entire street name, including Street, Avenue, Road, etc., and the area code for your phone.

3. HVAC/R CONTRACTOR: _____
ADDRESS/PHONE: _____ This is the name, address, and phone number of the registered (i.e. licensed, bonded, and insured) contractor who will install the HVAC/R. If this is a homeowner permit, insert "Owner" on the line provided; you will also need to complete the Homeowners Affidavit.

4. ESTIMATED COST OF WORK: [MATERIAL AND LABOR] \$_____ This is the estimated value of the installed HVAC and/or refrigeration work, including all labor, materials, overhead and profit.

5. DESCRIPTION AND SCOPE OF PROPOSED WORK:
"1, 2, AND 3 FAMILY DWELLINGS" Use this section only if the work is being done at a 1, 2, or 3 Family Dwelling. Fill in the number of each appliance to be installed; the total length of fuel gas piping; use "OTHER" for appliances or work not listed.
"OHIO BUILDING CODE REGULATED BUILSINGS" Use this section if the work is being done at any commercial building (all buildings except 1, 2, 3 Family Dwellings). Fill in the number of each appliance to be installed; and the total length of fuel gas piping. Under "Installed Cost of Ductwork Supply/Return/Exh. Air" fill in the

estimated value of the ductwork and appurtenances (dampers, ventilators, grilles, etc.). Under "Refrigeration Systems" fill in the type and capacity, give a description of the equipment, and in the boxes provided indicate the number of walk-in coolers and walk-in freezers, if any.

PERMIT AND INSPECTION FEE: Total all the above fees and insert total on the line provided. If you have been served a "STOP WORK ORDER" or have been issued a violation notice for "WORK WITHOUT A PERMIT" you owe a late fee – insert the appropriate amount (see Fee Schedule) on the line provided.

CORRECT VIOLATION DATED ___ - ___ - ___ If the proposed work will correct a violation notice issued by the Division of Code Enforcement, check the box and insert the date (month-day-year).

OFFICE USE:

APPROVED: _____ Office use only. Leave this blank. Do not fill in.

CONTRACTORS SIGNATURE: _____ **DATE:** _____

The application must bear an original signature, in ink, of the registered contractor. If this is a Homeowners Permit, the signature must be the owner's. Provide today's date.

What do I do with the application when I've completed it?

Completed applications, a check for fees (made payable to the City of Cleveland), the Homeowners Affidavit (if applicable) and plans (3 sets, when needed) shall be delivered in person or forwarded via mail to:

City of Cleveland
Division of Construction Permitting, Room 505
601 Lakeside Avenue
Cleveland, Ohio 44114

What if I need Help?

Any questions can be answered by calling (216) 664-2910.

**CITY OF CLEVELAND
DEPARTMENT OF BUILDING AND HOUSING**



PERMIT FEE SCHEDULE

HEATING, VENTILATION, AIR CONDITIONING & REFRIGERATION

Effective February 18, 2003

One, two and three family dwellings: the minimum fee for any permit shall be **\$50.00**

- Installation of each central heating and/or air conditioning systems **\$50.00**
- Repairs, alterations, or extensions of central heating and/or air conditioning systems **\$50.00**
- Installation of each fuel-fired unit heater, space heater, or decorative appliance **\$50.00**
- Installation of each solid fuel burning device; fireplace, insert, wood burning stove/oven **\$50.00**
- Installation of fuel-gas piping; for each 100 lineal feet or fraction thereof **\$13.00**

For buildings and structures as regulated by the Ohio Basic Building Code: The minimum fee or any permit shall be: **\$50.00**

- Installation of each central heating, ventilation, and/or air conditioning unit (equipment) **\$50.00**
- Installation of each duct heater or reheat coil **\$30.00**
- Installation of each fuel-fired unit heater, space heater, or decorative appliance **\$30.00**
- Installation of steam or hot water radiation devices; each floor or level **\$30.00**
- Installation of each solid-fuel burning device; fireplace, insert, wood burning stove/oven **\$30.00**
- Installation of fuel-gas piping; for each 100 lineal feet or fraction thereof **\$13.00**
- Installation of duct work, V.A. V. boxes, exhaust fans, exhaust hoods, fire or volume dampers, and other connecting appurtenances: for each \$1,000 valuation or fraction thereof of job cost (Material and Labor) **\$13.00**

Installation of Refrigeration Systems:

For each new or altered refrigeration system as per following rated ton of refrigeration (1 ton-12,000 B.T.U.):

- Up to 25 tons **\$50.00**
- Over 25 tons **\$100.00**

- For each walk-in cooler, freezer or dairy/deli case refrigeration system **\$50.00**
- Repairs and/or alterations of existing equipment or system **\$50.00**

NOTE: Do not add the 3% State of Ohio surcharge per ORC 3781.10(E). The surcharge is included in the above schedule.