

CITY OF MT. WASHINGTON

Department of Building Codes
311 Snapp Street
Mt. Washington, Kentucky 40047
(502) 538-0515

Department use only:

Permit No. _____

Cost of Permit _____

Date _____

HVAC CONSTRUCTION PERMIT APPLICATION: ONE & TWO FAMILY DWELLINGS

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance with the Uniform State Building Code and the Uniform State Residential Building Code.

Make payment to City of Mt. Washington

Address Location: _____ Lot #: _____ County: _____

City: _____ Zip: _____

Owner's Name: _____ Telephone: (____) _____ - _____

Owner's Address: _____ City: _____ Zip: _____

CHECK EACH BLANK THAT APPLIES: New Construction Existing Construction
 Single Family Dwelling Duplex Townhomes Correction and testing
 Replacement Manufactured House Other (Explain): _____

Permit Cost:

First system \$105.00 PLUS (_____ # of additional systems X \$50.00 = _____) Equals \$ _____ Total

Date Sizing Calculations: _____ Orientation of Structure (Circle One): N S E W NE NW SE SW

Summer Design Conditions: _____ Winter Design Conditions: _____

	Square Footage	Heat Gain	Heat Loss
System 1			
System 2			
System 3			
System 4			

The Department of Building Codes, is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify the Department immediately.

Master HVAC: _____ License #: _____

Complete Address: _____

Office / Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

Email address: _____