



City of Lorain

H.V.A.C. Permit Application

APPLICATION MUST BE FILLED OUT COMPLETELY & LEGIBLY

Valuation \$ _____	Payment date: _____
Plan review fee _____	_____
Permit Fee _____	<input type="checkbox"/> Cash <input type="checkbox"/> CCard
1% State Fee _____	<input type="checkbox"/> Check# _____
3% State Fee _____	Permit Number _____
Technology Fee \$7.00 _____	202 - _____
Zoning Fee _____	Date Permit issued _____
Other Fee _____	_____
Total Fees \$ _____	_____

SECTION I – General Information

Date _____ Estimated total cost of project \$ _____

Address of construction _____

Owner name _____ Phone _____ Email _____

Owner's full address _____

Contractor name _____ Phone _____ Email _____

Contractor's full address _____

- A drawing is required showing all materials being used, duct size and gauge routing location and placement. All commercial plans must be done by an Ohio design professional. (Residential-2 copies required) (Commercial-5 copies required)
- Mechanical units located on the ground shall be located in the rear or side yard, not closer than three (3) feet to adjoining property.
- The mechanical equipment shall be architecturally integrated or appropriately screened by shrubbery or fencing to limit visibility from the street and neighboring property when reasonably possible.
- If located on the roof of a building or in a location that cannot otherwise be screened, the equipment shall be enclosed or designed in a manner that is architecturally integrated with the building where it is located.
- Mechanical units shall not be placed within any easement.
- Additions, remodels and new construction are required to provide a complete description of the mechanical work, including location and type of heating, ventilation, air conditioning, and other mechanical equipment; materials, general routing and sizes of all ductwork, vents, louvers and routing of all ductwork including insulation R-values.

SECTION II – Description of Property and Project ** Site plan required

Type of structure:

Single family Two family Three family Apartment Commercial Other (describe) _____

Type of work:

New structure Addition Alteration Repair Replacement Demolition Other (describe) _____

Type of installation	#units	Type of installation	#units	Type of installation	#units	Type of installation	#units
Furnace <input type="checkbox"/> Forced air	_____	<input type="checkbox"/> Humidifiers	_____	<input type="checkbox"/> Air conditioner **	_____	<input type="checkbox"/> Roof top unit	_____
<input type="checkbox"/> Electric	_____	<input type="checkbox"/> De-humidifier	_____	<input type="checkbox"/> Window unit	_____	<input type="checkbox"/> Replacement	_____
<input type="checkbox"/> Gravity	_____	<input type="checkbox"/> Coal stoker	_____	<input type="checkbox"/> Split system	_____	<input type="checkbox"/> New **	_____
Heater <input type="checkbox"/> Unit	_____	<input type="checkbox"/> Incinerator	_____	<input type="checkbox"/> A/C compressor	_____	<input type="checkbox"/> Kitchen exhaust fan	_____
<input type="checkbox"/> Thru wall	_____	<input type="checkbox"/> Gas log	_____	<input type="checkbox"/> Air handling unit	_____	<input type="checkbox"/> Hazardous exhaust sys	_____
<input type="checkbox"/> Space	_____	<input type="checkbox"/> Refrigeration	_____	<input type="checkbox"/> Solid fuel appliance	_____	<input type="checkbox"/> Duct work **	_____
Boiler <input type="checkbox"/> Hot water	_____	<input type="checkbox"/> Cooling tower	_____	<input type="checkbox"/> Gas/oil conversion	_____	<input type="checkbox"/> Other (describe) _____	_____
<input type="checkbox"/> Steam	_____	<input type="checkbox"/> Heat pump	_____	<input type="checkbox"/> Coil Unit	_____		

Venting Information	#units	Specifications:
<input type="checkbox"/> Existing chimney	_____	Make _____
<input type="checkbox"/> inside <input type="checkbox"/> outside		_____
<input type="checkbox"/> Type-A Metalbestos	_____	BTU Input _____
<input type="checkbox"/> Type-B Metalbestos	_____	BTU Input _____
<input type="checkbox"/> Reline chimney	_____	Tonnage _____
<input type="checkbox"/> Direct vent	_____	_____

ROUGH-IN INSPECTIONS ARE REQUIRED BEFORE CONCEALMENT

This application is submitted for a permit to erect, add to, alter or repair a structure as specified in this application and any accompanying drawings. Acceptance of the permit shall constitute an agreement on the part of the applicant or his/her agents to comply with the Building and Zoning Codes of the City of Lorain, or other orders, requirements or specifications slated in the permit. In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner on record and that the installation will comply with the regulations of the City of Lorain Building Codes and State Codes.

Applicant is: Owner Contractor Owner's Agent

Applicant signature _____ Date _____

Building Official _____ Date _____