



Public Protection Cabinet  
 Department of Housing, Buildings And Construction  
 Division of HVAC  
 101 Sea Hero Road, Suite 100  
 Frankfort, Kentucky 40601-5412  
 (502) - 573 -0395, Fax (502)-573-1401

Department use only:  
 Permit No. \_\_\_\_\_  
 Cost of Permit \_\_\_\_\_  
 Date \_\_\_\_\_

**HVAC CONSTRUCTION PERMIT APPLICATION: MULTI-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 Kentucky State Treasurer**

Address Location: \_\_\_\_\_ Bldg. #: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHECK EACH BLANK THAT APPLIES:** \_\_\_\_\_ New Construction / Additions \_\_\_\_\_ Existing Construction

Number of Units \_\_\_\_\_

**Categories (Check all that apply):**

\_\_\_\_\_ Replacement \_\_\_\_\_ Correction and testing \_\_\_\_\_ Other (Explain): \_\_\_\_\_

**Permit Cost:**

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

**The Department of Housing, Buildings, And Construction, Division of HVAC, 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 will be your responsibility to notify the Department immediately.**

Master HVAC Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Office / Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

