



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: HOMEOWNER ONE & TWO FAMILY DWELLING

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: _____ County: _____

City: _____ Zip: _____

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

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

CHECK EACH BLANK THAT APPLIES: _____ New Construction _____ Existing Construction

_____ Single Family Dwelling _____ Duplex _____ Townhomes _____ Correction and testing

_____ Replacement _____ Manufacture House _____ Other (Explain): _____

Permit Cost:

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

Date of 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 | | | |

The following items must be received before issuing: Duct design, load calculation, and affidavit stating that you will be the primary owner of the home and occupy it.

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 shall be your responsibility to notify the Department immediately.

Master HVAC: _____ License #: _____

Complete Address: _____

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

HVAC 30 (April 2018)

