

Public Protection Cabinet Department of Housing, Buildings and Construction Division of HVAC 500 Mero Street Frankfort, Kentucky 40601 (502) 573 -0395, Fax (502) 573-1401

Department use only:
Permit No
Cost of Permit
Date

HVAC CONSTRUCTION PERMIT APPLICATION: COMMERCIAL BUILDINGS

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 Blank that	applies	: New Constr	uction / A	dditionsExisting	ng Constr	uction	
Categories (Checl	k all tha	t apply):					
Replacement		_ Correction and tes	sting _	Other (Explain)			
Value of Project:	\$		Cos	et of Permit: \$			
Value of HVAC	Permit	Value of HVAC	Permit	Value of HVAC	Permit	Value of HVAC	Permit
Installations	Fee	Installations	Fee	Installations	Fee	Installations	Fee
\$2,000 or less	\$125	\$100,001 to \$150,000	\$630	\$500,001 to \$600,000	\$1,725	\$1,100,001 to \$1,200,000	\$3,050
\$2,001 to \$10,000	\$180	\$150,001 to \$200,000	\$760	\$600,001 to \$700,000	\$1,900	\$1,200,001 to \$1,300,000	\$3,280
\$10,001 to \$25,000	\$270	\$200,001 to \$250,000	\$885	\$700,001 to \$800,000	\$2,125	\$1,300,001 to \$1,400,000	\$3,510
\$25,001 to \$50,000	\$330	\$250,001 to \$300,000	\$1,025	\$800,001 to \$900,000	\$2,355	\$1,400,001 to \$1,500,000	\$3,735
\$50,001 to \$75,000	\$390	\$300,001 to \$400,000	\$1,150	\$900,001 to \$1,000,000	\$2,590	\$1,500,001 to \$1,600,000	\$3,965
	\$500 e fee for inst	\$400,001 to \$500,000 tallations over \$1,600,000 is \$	\$1,500 63,965 plus \$2	\$1,000,001 to \$1,100,000 200 per \$100,000 or fraction the	\$2,820 reof in excess	Over \$1,600,000 s of \$1,600,000.*	See "*"
						is issuing this HVAC color. You, the undersigne	
						etion. It is your respo	
		in all required inspo tify the Department			tan to co	mplete this installation	, it snail be
your responsibil	ity to no	my me Department	mmeuia	iciy.			
Master HVAC Signature				License #:			
Complete Address	:						
Office / Home Pho	ne Num	ber: (_	Cell Phone N	Number: (_	

