

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: 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:	Cit	y:	Zip:
CHECK EACH BLANK THAT APPLIES	S: New Construction	Existing Construc	ction
Single Family DwellingDuplexTownhomes		Correction and testing	
ReplacementManufacture Ho	useOther (Explain)):	
Permit Cost:			
First system \$105.00 plus (# of a	dditional systems X \$50.00 = _) Equals \$	Total
Date of Sizing Calculations	Orientation of Structure	e: Circle One N S E W	NE NW SE SW
Summer Design Conditions	Winter Design Condition	ons	
	Square Footage	Heat Gain	Heat Loss
System 1			
System 2			
System 3			
The following items must be received before issue of the home and occupy it.	uing: Duct design, load calculation	n, and affidavit stating that you	will be the primary owner
The Department of Housing, Buildings, and request in accordance with KRS 198B.6671 for this installation in its entirety through inspections. If for any reason you fail to immediately.	and 815 KAR 8:070. You, the under the completion. It is your response	indersigned, are fully aware onsibility to notify, request	that you are responsible and obtain all required
Master HVAC:	License #:		
Complete Address:			
Office / Home Phone Number: ()	Cell Pho	ne Number: ()	



HVAC 30 (May 2020)