



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: 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: (____) _____ - _____

