



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: ONE & TWO 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     Existing Construction  
 Single Family Dwelling     Duplex     Townhomes     Correction and testing  
 Replacement     Manufactured House     Other (Explain): \_\_\_\_\_

**Permit Cost:**

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

Date 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			
System 4			

**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 29 (May 2020)**

