



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

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.

Location _____
 (Street) (County) (City) (Subdivision)

Owner's Name _____ Address _____

CHECK EACH BLANK THAT APPLIES: New Construction Existing Unit Single Family Unit Duplex
 Mobile Home Modular Other

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

Date of Sizing Calculations _____ Orientation of Structure _____

Summer Design Conditions _____ Winter Design Conditions _____

Square Footage System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

Heat Gain System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

Heat Loss System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

Inspections	Date	Inspector	Remarks & Notes

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 / Homeowner Signature _____ License No. _____

Complete Address _____

Office / Home Phone Number _____ Mobile Phone Number: _____

