

OTTAWA COUNTY DEPARTMENT OF BUILDING INSPECTION
APPLICATION FOR HVAC PERMIT
COMMERCIAL ONLY

HVAC PERMIT NO. _____

FEE _____

BLDG. PERMIT NO. _____

DATE _____, 20 ____

I. TOWNSHIP/VILLAGE/CITY: _____

NAME OF BUSINESS: _____

NUMBER AND STREET: _____

USE GROUP: _____ For R-1, R-2, & R-3 indicate number of units _____

HOW OCCUPIED: _____ (Office, Restaurant, Church, School, etc.)

II. HEATING SYSTEM: NEW _____ REPLACEMENT _____ KITCHEN EXHAUST HOOD _____

COOLING SYSTEM: NEW _____ REPLACEMENT _____

HEATING FUEL: GAS _____ OIL _____ WOOD _____ ELECTRIC _____

COOLING FUEL: GAS _____ ELECTRIC _____

HEATER TYPE: HOT WATER BOILER _____ UNIT HEATERS _____ DUCT HEATERS _____

INFRARED HEATERS _____ AIR HANDLING UNITS _____ FORCED AIR _____

HEATING CAPACITY: _____ BUT/HR COOLING SYSTEM _____ TONS
INPUT CAPACITY

ELECTRIC HEAT TYPE: BASEBOARD _____ CEILING CABLE _____

RAY BOARD _____ GLASS RADIANT _____

III. IDENTIFICATION: To Be Completed By All Applicants

1. OWNER/LESSEE: _____ TEL. NO. _____

ADDRESS: _____

CITY/STATE/ZIP: _____

2. CONTRACTOR: _____ TEL. NO. _____

ADDRESS: _____

CITY/STATE/ZIP: _____

3. ENGINEER/ARCHITECT: _____ REG. NO. _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to all applicable laws of this jurisdiction.

Signature of Applicant (Contractor/Owner/Agent)

Application Date

Date of Approval

Permit Approved By