



3300 CENTRAL PARKWAY
 CINCINNATI OHIO 45225
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 WWW.CINCINNATI-OH.GOV
 CAGIS. HAMILTON-CO.ORG

HVAC Permit Application Number
CONTRACT REG# (REQUIRED)

Part A - Identification

Project Adress (Please Print in Blue or Black Ink Only)			Floor / Suite / Unit / Bldg / Lot
Owner - Name (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
Contractor - Name (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
Contact Person (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
E-mail Address			

Part B - Main Use Of Primary Building On Property. (Office, Residential, Mercantile, Restaurant, Etc)

Current Use	Number of Dwelling Units
Proposed Use	Number of Dwelling Units

Part C - Type of Mechanical Equipment

Furnace: <input type="checkbox"/> Up Flow <input type="checkbox"/> Counter Flow	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	Input Btuh _____
Air Condition: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Combo Unit: Heat & A.C. _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Heat Pump: _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Boiler: <input type="checkbox"/> Hot Water <input type="checkbox"/> Steam <input type="checkbox"/> Process	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Unit Heater: _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Kitchen Hood & Exhaust Systems:	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	CFM _____
Hood Fire Supression System:	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	CFM _____
Fireplaces: _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	
Other: _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	

Replacement Unit: Yes No A) Connection to the existing wiring: Yes No B) Ductwork: New Existing

Boilers, Cooling Towers, and Related Equipment directly connected to the Potable Water System:

A) Backflow Prevention Device used ASSE 1012 ASSE 1013 B) Chemically Treated System: Yes No

DESCRIPTIONS OF WORK TO BE DONE, LOCATION OF EQUIPMENT, ALTERATIONS, ETC.

NOTE: A seperate application for inspection of electrical work must be filed with the Inspection Bureau Inc. (IBI) 250 W. Court Street, Cincinnati OH 45202., Except for 1,2 & 3 Family Replacement Installations Connected to Existing Branch Circuit

Part D - Costs and Authorizations

Fair Market Value Of Labor And Materials For This Application. \$ _____

Do not include cost of electrical or work covered by a seperate application.

The owner or agent of this building and undersigned does hereby certify that the information and statements given on the application, drawings, and inspections are to the best of their knowledge, true and correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the City of Cincinnati of the described premises at any time when work on those premises is ongoing and hereby grants their consent.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY Permit Processing Fee _____

Reviewed By: _____

Zoning _____ Date _____ Building _____ Date _____

