city of CINCINNATI
PLANNING & BUILDINGS

3300 CENTRAL PARKWAY
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CAGIS. HAMILTON-CO.ORG

HVAC Permit Application Number
CONTRACT REG# (REQUIRED)

Part A - Identification

Project Address (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: ☐ Up Flow ☐ Counter Flow	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	Input Btuh _____	
Air Condition: ☐ Electric ☐ 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: ☐ Hot Water ☐ Steam ☐ 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

COMPLETE FOR A NEW ONE, TWO OR THREE FAMILY BUILDING AND WHERE OTHERWISE ACCEPTABLE

FLOOR	NAME OF ROOM	HEAT LOSS	BASEBOARD RADIATION	HEAT GAIN	SUPPLY AIR	RADIATION	SUPPLY DUCTS		RETURN DUCTS	
		Warm air hot water steam	Electric	Air Conditioning	Heating and/or Air Cond.	Hot Water or Steam	Number of Outlets Per Room	Area	Grilles Free Area	Area
		Btuh	Btuh	Btuh	C.F.M	Sq. ft.		Sq. In.	Sq. In.	Sq. In.
	TOTAL						(A)		(A)	
BTU per HR. Register: _____					TOTAL BRANCH AREA (A) TOTAL TRUNK DUCT SIZE (B)			(B)		(B)

ABOVE CALCULATIONS MADE BY _____ ADDRESS _____

FOR OFFICE USE ONLY

Census Tract _____
Zoning District _____
Use Group _____

Type of Permit	Amount	Issued By	Date	Number
HVAC				
Walk Thru				
Investigation Fee				
Ohio State Surcharge				