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**BUILDING INSPECTION DEPARTMENT**

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**HVAC Permit Application**

Permit Fee: \$ \_\_\_\_\_ Permit #: \_\_\_\_\_

Job Location: \_\_\_\_\_

Home Owner  Contractor\*

Company Name\*: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Building Type (*one must be checked*)

Single Family  Two Family  Multi Family  Commercial  Industrial

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owners Present Address: \_\_\_\_\_

Cost of Job Material and Labor: \_\_\_\_\_

Describe all work to be done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*For contractors a copy of the signed contract must be attached.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Inspector use only: Date Inspected: \_\_\_\_\_ Pass / Fail

Inspector Signature: \_\_\_\_\_