

City of Lyndhurst Building Department

INSPECTOR
Steve Rodriguez
Joe Verbiar

BUILDING COMMISSIONER
John Maichle
5301 Mayfield Road, Lyndhurst, Ohio 44124
440-473-5108/Fax:440-442-7189

SECRETARY
Sheila Manfredi
Kari Link

AIR CONDITIONING/HEATING PERMIT APPLICATION

PLEASE NOTE: CO DETECTOR MUST BE INSTALLED WITH ALL NEW FURNACES

OWNER: _____ **ADDRESS:** _____

CONTRACTOR: _____ **ADDRESS:** _____

CITY/ZIP: _____ **PHONE NUMBER:** _____

New Commercial Structure \$200.00 plus \$5.00 per 100 square foot - Square footage of structure _____

New Residential Structure \$100.00 plus \$5.00 per 100 square foot - Square footage of structure _____

<u>TYPE OF STRUCTURE</u>		<u>TYPE OF WORK</u>	
<input type="checkbox"/> Single Family		<input type="checkbox"/> New Structure	
<input type="checkbox"/> Two Family		<input type="checkbox"/> Addition	
<input type="checkbox"/> Three Family		<input type="checkbox"/> Alteration	
<input type="checkbox"/> Apartment		<input type="checkbox"/> Repair	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Demolition	
<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Replacement	
<u>RESIDENTIAL</u>		<u>COMMERCIAL</u>	
<u>TYPE OF INSTALLATION</u>	<u># of units</u>	<u>TYPE OF INSTALLATION</u>	<u># of units</u>
<input type="checkbox"/> Furnace \$50.00	_____	<input type="checkbox"/> Furnace per BTU	_____
<input type="checkbox"/> Duct Work \$50.00 plus \$5.00 per 100 sq. ft. # of sq. ft.	_____	<input type="checkbox"/> Boiler per BTU	_____
<input type="checkbox"/> Air Conditioner* \$50.00 (*SITE PLAN REQUIRED*)	_____	Number of BTU:	_____
<input type="checkbox"/> Boiler \$50.00	_____	• Up to 50,000 - \$50.00	
<input type="checkbox"/> Through the Wall Heater \$50.00	_____	• 50,001 up to 250,000 - \$75.00	
<input type="checkbox"/> Other	_____	• 250,001 up to 500,000 - \$100.00	
		• 500,001 up to 2,500,000 - \$125.00	
		• 2,500,001 up to 10,000,000 - \$175.00	
		• 10,000,001 up to 100,000,000 - \$225.00	
		• Over 100,000,000 - \$325.00	
		<input type="checkbox"/> Duct Work \$50.00 plus \$5.00 per sq. ft. 100 of sq. ft.	_____
		<input type="checkbox"/> Air Conditioner* \$75.00 (*SITE PLAN REQUIRED*)	_____
		<input type="checkbox"/> Air Handler \$50.00	_____
		<input type="checkbox"/> Through the Wall Heater \$50.00	_____
		<input type="checkbox"/> Roof Top Unit \$100.00	_____
		<input type="checkbox"/> Replacement <input type="checkbox"/> New (Plans Required)	
Estimated Cost of Project	_____	Estimated Cost of Project	_____

In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner on record.

Applicants Signature

Print Name

Date