INSPECTORS
Larry Puskas
Joe Mandato

BUILDING COMMISSIONER
Thomas P. Kunz
5301 Mayfield Road, Lyndhurst, Ohio 44124
440-473-5108/Fax:440-442-7189

SECRETARY
Sheila Manfredi

AIR CONDITIONING/HEATING PERMIT

OWNER: _____ **ADDRESS**: _____

CONTRACTOR: _____ **ADDRESS:** _____

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

HEATING PERMIT APPLICATION

RESIDENTIAL $25.00 plus 1% **COMMERCIAL $25.00 plus 3%**

TYPE OF HEATING SYSTEM: NATURAL GAS FORCED AIR BOILER STEAM HEAT PUMP

CAPACITY: INPUT: _____ **OUTPUT** _____

LOCATION OF UNIT : INSIDE _____ **OUTSIDE** _____ **ROOFTOP** _____

ADDITIONAL DUCT WORK RESIDENTIAL/COMMERCIAL Base Fee $25.00

AIR CONDITIONING PERMIT APPLICATION

RESIDENTIAL Base Fee $50.00 **COMMERCIAL Base Fee $50.00**
TYPE OF COOLING SYSTEM: NATURAL GAS **ELECTRIC**

CAPACITY: _____**TONS** **LOCATION OF UNIT: ROOFTOP or OUTSIDE in rear of house**
(SITE PLAN REQUIRED: DRAW ON BACK OF THIS PAPER).

COMMERCIAL COMBINATION UNIT: ROOFTOP/OUTSIDE Base Fee $100.00

All Residential Permits must have 1% Added to Total Cost for State Assessment.
All Commercial Permits must have 3% Added to Total Cost of Permit for State Assessment.

By signing as the applicant I am acknowledging that I am authorized to pull this permit for the Company listed above. (Homeowner affidavit must be signed/witnessed in the Building Department if homeowner is doing work listed above. Affidavit must be attached to this application.)

_____ _____
Signature of Applicant Address of Applicant Date

_____ _____
Printed Name of Applicant Phone Number