

General Services
Department
130 N. Ft. Thomas Avenue
Ft. Thomas, KY 41075



Phone 859-572-1210
Fax 859-441-5104
www.ftthomas.org

HVAC CONSTRUCTION PERMIT APPLICATION: ONE & TWO FAMILY DWELLINGS

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

Location of Property: _____

Owner's Name _____ Address: _____

Phone Number: _____

Contractor _____	Address _____
Contact Person _____	Phone _____
Ft Thomas Occupation License? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No	License No.: _____
Subcontractor _____	Address _____ Phone _____

CHECK EACH BLANK THAT APPLIES: New Construction Existing Unit Single Family Unit Duplex
 Other: _____

ESTIMATED COST: \$ _____

First System **\$75.00** PLUS (_____ # of additional systems X \$25.00 = _____) Equals \$ _____ **Total Permit Cost**

Date of Sizing Calculations: _____ Orientation of Structure: _____

Summer Design Conditions: _____ Winter Design Conditions: _____

Square Footage: System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

Heat Gain: System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

Heat Loss: System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

We are issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8.070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify us immediately.

Master HVAC Signature: _____ License No.: _____

Homeowner Signature: _____