

# HVAC

USE GROUP

Complete All Sections Below. Please Print

Application Date: \_\_\_\_\_ Project No. \_\_\_\_\_  
(Office Use Only)  
Job Address \_\_\_\_\_ Apt. / Unit # \_\_\_\_\_  
Owner \_\_\_\_\_ Occupant \_\_\_\_\_  
Owner's Address \_\_\_\_\_

RESIDENTIAL (1, 2 or 3 family)  COMMERCIAL

Single Family  One-Family attached \_\_\_ # of units  Apartments \_\_\_ # of units  Condo \_\_\_ # of units

New  Replacement  Add on  Remodel / Addition  Over 250,000 BTU/h  over 5 Ton cooling

DESCRIBE PROJECT: \_\_\_\_\_

### WARM AIR HEATING

Output Rating \_\_\_\_\_ BTUH Electric Permit Required?  
Type of Fuel \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Furnace \_\_\_\_\_ Make Up Air Required?  
Heat Pump \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Unit Heater \_\_\_\_\_ If yes: Size of Opening \_\_\_\_\_  
Roof Top Units \_\_\_\_\_ Location \_\_\_\_\_  
Other \_\_\_\_\_ Source: Inside \_\_\_\_\_ Outside \_\_\_\_\_  
Total # Units \_\_\_\_\_ Both \_\_\_\_\_

### AIR CONDITIONING

Net Cooling Capacity \_\_\_\_\_ BTUH  
Vertical Unit \_\_\_\_\_ BTUH  
Horizontal Unit \_\_\_\_\_ BTUH  
Electric Permit Required?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Condensate Drain to  
Floor \_\_\_\_\_ Pump \_\_\_\_\_ Other \_\_\_\_\_

### VENTILATION AIR

Volume of Mechanical Vent Air \_\_\_\_\_ CFM  
Temperature Differential (Vent air to tempered air) \_\_\_\_\_ °F  
Source: Natural \_\_\_\_\_ sq. in. (Max. 10°F diff.)  
Mech. \_\_\_\_\_ CFM  
Duct Smoke Detectors \_\_\_\_\_ Location \_\_\_\_\_  
Size of Combustion Air \_\_\_\_\_  
Make Up Air Required? Yes \_\_\_\_\_ No \_\_\_\_\_

HYDRONICS: Steam \_\_\_\_\_ Hot Water \_\_\_\_\_  
Combustion Air \_\_\_\_\_ sq.in.  
New \_\_\_\_\_ Replace \_\_\_\_\_ Repair \_\_\_\_\_  
Working Pressure \_\_\_\_\_ Firing Rate \_\_\_\_\_  
Type of Fuel \_\_\_\_\_  
Electric Permit Required? Yes \_\_\_\_\_ No \_\_\_\_\_  
Type of Fuel \_\_\_\_\_ Firing Rate \_\_\_\_\_

GAS LINE Line Size \_\_\_\_\_ Length \_\_\_\_\_ Material \_\_\_\_\_

### Contractor:

Name \_\_\_\_\_ Company \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE READ AND SIGN. I, the undersigned do hereby affirm: The above statements are true and correct and also agree to comply with the provision of the ordinances of the City of Middletown. I will comply with all conditions of the permit once issued. The proposed work is authorized by the owner in fee and I have the authorization to make this application. Upon notification of approval, permit fee must be paid and permit obtained within thirty (30) days, or application will be canceled. The information requested on this application may be relied upon by the City in considering the permit. Any false statement made knowingly may be grounds for criminal action under state and local law: Ohio Revised Code §2921.13, Middletown Codified Ordinance § 606.10

Owner/Occupant  Master License Holder

(Please print name)

(Signature)

NOTE: This application will expire 12 months after plan approval if a permit is not issued, or 12 months after application date if plans are not approved.