City of Fairview Park
Building Division
20777 Lorain Road – Fairview Park, Ohio 44126
Phone: (440) 356-4405 Fax: (440) 356-4404
www.fairviewpark.org

# APPLICATION FOR HVAC PERMIT

**Date of Application**: _____

**Job Address**: _____Contact Person: _____

**Contractor Name**: _____
(or owner name)
**Contractor Address**: _____

**Name of Property owner or business**: _____

**Description of work to be performed**: _____

_____

*(PERMIT WILL INCLUDE ONLY SUCH WORK AS INDICATED)*

Please check one: _____ Residential _____Commercial

ESTIMATED JOB COST: _____

TYPE OF MECHANICAL EQUIPMENT:

_____ Furnace (90% min. ER) _____ A/C (13 SEER rating min.)

_____ Combination Htg & A/C _____ Heat Pump

_____ Boiler _____ Unit Heater

_____ Kitchen Hood & Exhaust Systems _____ Hood Fire Suppression System

_____ Factory Built Fireplaces _____ Other

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MECHANICAL EQUIPMENT DETAIL:

No. Units_____ Mfg Name:_____ Model No/Efficiency_____ Fuel_____

Input Btu_____ Cooling (Tons) _____ CFM _____

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Is this a replacement unit? Yes _____ No _____; Chimney Liner required? Yes_____ No_____

Wiring: New _____ Existing ____ Ductwork: New _____ Existing _____

Make up Air Required? Yes _____ No_____.

APPLICANT NAME: _____ PHONE: _____
(Please print)

SIGNATURE: _____

*Revised 2/1/10*