



**Village of Newburgh Heights**  
**Building Department**  
**4000 Washington Park Blvd.**  
**Newburgh Heights, Ohio 44105**  
**Phone 216-641-4654 Fax 216-641-2712**  
[www.newburghhtsoh.gov](http://www.newburghhtsoh.gov)

APPLICATION FOR HVAC PERMIT

<b>PROPERTY INFORMATION</b>			
APPLICATION DATE:			
PROPERTY OWNER:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
OWNER'S PHONE #:			
<b>CONTRACTOR INFORMATION</b>			
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE #:	FAX #:		
EMAIL:			
DESCRIPTION OF WORK TO BE PERFORMED:			
ESTIMATED JOB COST:			
TYPE OF DWELLING: RESIDENTIAL		COMMERCIAL	
<b>TYPE OF MECHANICAL EQUIPMENT ( CHECK ALL THAT APPLY )</b>			
<small>*** INDICATES A DRAWING MUST BE SUBMITTED WITH APPLICATION</small>			
<input type="checkbox"/> AIR CONDITIONING***	<input type="checkbox"/> HOOD FIRE / EXHAUST SYSTEM***		
<input type="checkbox"/> FACTORY BUILT FIREPLACE***	<input type="checkbox"/> KITCHEN HOOD/EXHAUST SYSTEM***		
<input type="checkbox"/> FURNACE/ HEAT PUMP***	<input type="checkbox"/> UNIT HEATER		
<input type="checkbox"/> HEATING VENTILATION/AIR CONDITIONING***	<input type="checkbox"/> OTHER		
<b>MECHANICAL EQUIPMENT DETAIL</b>			
NO. UNITS:	MFG NAME:		
MODEL NO. / EFFICIENCY:		FUEL:	
INPUT BTU:	COOLINGS ( TONS ):	CFM:	
IS THIS A REPLACEMENT UNIT? YES <input type="checkbox"/> NO <input type="checkbox"/> CHIMNEY LINER REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WIRING: NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> DUCTWORK: NEW <input type="checkbox"/> EXISTING <input type="checkbox"/>			
MAKE UP AIR REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>			
PRINT NAME:		DATE:	
SIGNATURE:		DATE:	
<small>I HEREBY AGREE TO CONTACT THE BUILDING DEPT. FOR ALL REQUIRED INSPECTIONS AND TO COMPLY WITH ALL ORDINANCES OF NEWBURGH HTS, OHIO RELATING TO THE WORK PERFORMED UNDER SAID PERMIT.</small>			
<b>For Office Use Only</b>			
BUILDING OFFICIAL:		Date:	
AMOUNT:	CASH / CHECK #:		