



City of New Albany, Indiana

David Brewer
Building Commissioner

RESIDENTIAL HVAC and/or APPLIANCE PERMIT APPLICATION

Date: _____

Work Site Address: _____ Lot# /Ste. _____

Owner's name(s): _____

Work Site Address: _____

Contractor Name: _____

Contractor's name & phone on the work site: _____

Estimated cost of project: _____

1. Fee regarding any new or replacement HVAC Unit, shall be charged \$40.00 per unit. Combination is \$80.00 per.

2. Please check to what permit applies:

_____ Air Conditioning Unit _____ Heating Unit

_____ Combination

Total: \$ _____

Description of work

REMINDER FOR CONTRACTORS

When mailing in applications, please remember to send a self-addressed stamped envelope to receive your copy.