**RESIDENTIAL HVAC APPLICATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner name(s) & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot# /Ste. \_\_\_\_\_\_

Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & phone of person on job site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated cost of project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fee regarding any new or replacement HVAC Unit, $40.00 per unit. Combination is $80.00 per.
2. Please check to what permit applies:

\_\_\_\_\_\_ Air Conditioning Unit \_\_\_\_\_\_ Heating Unit \_\_\_\_\_\_ Combination

Total: $\_\_\_\_\_\_\_\_\_\_\_

**NOTE: At this time: An inspection is not mandatory for replacements at this time.**

**\*\*\*REMINDER FOR CONTRACTORS\*\*\***

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