



# APPLICATION FOR HVAC PERMIT



## CITY OF MIDDLEBURG HEIGHTS Division of Building

15700 BAGLEY ROAD, MIDDLEBURG HEIGHTS, OHIO 44130  
Phone (440) 234-2218 • Fax (440) 234-9092  
E-mail: [building@middleburgheights.com](mailto:building@middleburgheights.com)

DATE: \_\_\_\_\_

TO THE BUILDING COMMISSIONER:

Application is hereby made for permit to do HVAC work as described in detail herein at the location given. Said work will be done in full compliance with all ordinances and rules and regulations of the building and zoning codes of Middleburg Heights pertaining thereto. We agree to notify the Division of Building to inspect all roughed in HVAC before covering, all equipment before occupancy.

PROJECT ADDRESS \_\_\_\_\_ TENANT NAME \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PROPERTY OWNER ADDRESS (If Different from Above) \_\_\_\_\_

*RESIDENTIAL      COMMERCIAL      NEW INSTALLATION      REPLACEMENT*

FURNACE (LIST DETAILS) \_\_\_\_\_

AIR CONDITIONING (LIST DETAILS) \_\_\_\_\_

REFRIGERATION UNITS \_\_\_\_\_ HEAT INPUT BTU/HR. \_\_\_\_\_

ROOFTOP COMBO UNIT (LIST DETAILS) \_\_\_\_\_

OTHER \_\_\_\_\_

JOB CONSTRUCTION COST: \$ \_\_\_\_\_

*NOTE: BEFORE ANY JOB IS STARTED, ALL CONTRACTORS MUST BE REGISTERED AND A PERMIT MUST BE APPROVED AND ISSUED. ANY JOB STARTED BEFORE APPROVAL AND ISSUANCE OF A PERMIT SHALL BE SUBJECT TO A PENALTY.*

CONTRACTOR \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CONTRACTOR ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

AUTHORIZED SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVAL:

\_\_\_\_\_  
BUILDING COMMISSIONER

\_\_\_\_\_  
DATE