

# HVAC PLAN APPROVAL APPLICATION



## CITY OF MIDDLEBURG HEIGHTS BUILDING DEPARTMENT

15700 Bagley Road  
Middleburg Heights, OH 44130  
Phone (440) 234-2218

Website: [middleburgheights.com](http://middleburgheights.com) E-mail: [building@middleburgheights.com](mailto:building@middleburgheights.com)



### PROJECT LOCATION:

Street Address \_\_\_\_\_ Unit/Suite/Building # \_\_\_\_\_ Tenant/Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### BUILDING OWNER INFORMATION:

Owner Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**CHECK ALL THAT APPLY:** (  Commercial  Residential ) (  Replacement  New Installation )

Air Conditioning  Furnace  Thru-Wall Combo Unit  Unit Heater

Rooftop Combo Unit  Rooftop A/C Only Unit  Rooftop Heat Pump  Tube Heater

Ductless Split System  Cooling Tower  Heat Pump  Furnace Boiler

**NUMBER BTU'S:** \_\_\_\_\_

**JOB VALUATION:** \_\_\_\_\_

**DESCRIPTION OF PROJECT/EXTENT OF WORK:** \_\_\_\_\_

### APPLICANT INFORMATION: (OWNER OR OWNER'S AUTHORIZED AGENT – IF AGENT, PLEASE SUBMIT WRITTEN AUTHORIZATION)

Applicant/Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

### CERTIFICATION:

I certify that I am:  Owner  Owner's Authorized Agent

I certify that all information contained in this application is true, accurate, and complete to the best of my knowledge. My signature shall constitute an agreement on my part to abide by all Codes, Ordinances, and regulations of the State of Ohio and City of Middleburg Heights pertaining to this request. I further agree to pay all required fees and required review fees that may result from this application.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

----- **FOR CITY USE ONLY** -----

**DATE RECEIVED:**  WALK IN  MAIL IN **PROCESSED BY:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_

**Building Commissioner**

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