## LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Department Of Public SafetyDivision Of Building InspectionMailing address:Physical Address:200 East Main Street101 East Vine StreetLexington KY405072<sup>nd</sup> FloorPhone:859-258-3770Fax:859-258-3780859-258-3780

## HVAC PERMIT APPLICATION ONE & TWO FAMILY

## HVAC CONSTRUCTION APPLICATION: ONE & TWO FAMILY DWELLING

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Code.

ocation:			Sı	ıbdivision:			City: Lexingto County: Fayette	
(8	Street Addres	s)						
Owner Name:				Contractor:			Reg #:	
Owner Address:				Address:				
-								
Phone #:								
				Email:				
				nsurance: W/C:	:: W/C: Liab:			
Check Each Bo			bile Home		Other Cost of	of Project:		
irst System \$1	05.00 PLUS (	# of add	litional syster	<u>ns X \$50.00 =</u>	) Equals	Т	otal Permit Cost	
jere y		This permit will incl	ude up to 3 inspection	ons. A \$50 re-inspect peri	nit shall be purchased	if further inspections	are necessary.	
Data of Sizing Calculations:				Design Conditions:				
Date of Sizing Calculations:				Winter: 8 Summer: 91				
Orientation o	f Structure:							
PER APPROVED	ROVED Square Loud Calculation		1	Unit Location	Fuel Type		nit (BTU)	
METHOD	Footage	Heat Gain	Heat Loss	Chit Edeation	i dei i ype	Cool Load	Heat Load	
System 1								
System 2 System 3								
System 3 System 4								
System 5								
bystem 5							II	
Total <b>\$</b>								
□ Add \$500 fee (	Started work pri	or to permitting)		Paid By:	Cash	Check Ck. #		
DTES:	<b>1</b> •	. 1 11		FT TT / 1 / 1	c 11 T			
		Juired on all new Kentucky Resid		[] Work must be pe	erformed by Lice	ensed HVAC Co	ntractor	
-		nspection (such						
					-In [] Final J	ispector <sup>.</sup>		
t is your respons	ionity to can to	senedule for the	iono wing insp	ioonons. [] nough				
							671 and 815 KAR 8:070.	
or your agent on you est, and obtain all re	ar behalf, the under autred inspections.	If for any reason vol	re that you are resp a fail to complete t	his installation, it shall h	tion in its entirety th	rough completion. It v to notify the Depar	is your responsibility to the timent immediately. I ver	
prmation provided is						,		
[								
Master HVAC	C/Homeowner S	ignature:		Appr	oved By:			
Print Name here:				11				

Submit Date:

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