

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**Department Of Public Safety****Division Of Building Inspection**

Mailing address:
200 East Main Street
Lexington KY 40507
Phone: 859-258-3770

Physical Address:
101 East Vine Street
2nd Floor
Fax: 859-258-3780

HVAC PERMIT APPLICATION COMMERCIAL

HVAC CONSTRUCTION APPLICATION: COMMERCIAL BUILDINGS

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 IMC Code.

Location: _____
(Street Address)

Subdivision: _____

City: Lexington
County: Fayette

Owner Name: _____

Address: _____

Phone #: _____

Contractor: _____ Reg #: _____

Address: _____

Phone #: _____ Master #: _____

Email: _____

Engineer's Name: _____

Phone: _____

Email: _____

Insurance: W/C: _____ Liab: _____

General Contractor Name & Contact #: _____

Cost of Project: _____

Check Each Box That Applies:

☐ New Construction ☐ Replacement ☐ Addition ☐ Fit Up ☐ Hood ☐ Duct only ☐ Other _____

Value of Project	Permit Fee	Mark fee that applies	Value of Project	Permit Fee	Mark fee that applies	Value of Project	Permit Fee	Mark fee that applies	Value of project	Permit Fee	Mark fee that applies
\$2,000 or less	\$125		\$100,001 - \$150,000	\$630		\$500,000 - \$600,000	\$1,725		\$1,100,001-\$1,200,000	\$3,050	
\$2,001 - \$10,000	\$180		\$150,000 - \$200,000	\$760		\$600,001 - \$700,000	\$1,900		\$1,200,001 - \$1,300,000	\$3,280	
\$10,001 - \$25,000	\$270		\$200,001 - \$250,000	\$885		\$700,001 - \$800,000	\$2,125		\$1,300,001 - \$1,400,000	\$3,510	
\$25,001 - \$50,000	\$330		\$250,001 - \$300,000	\$1,025		\$800,001- \$900,000	\$2,355		\$1,400,001 - \$1,500,000	\$3,735	
\$50,001 - \$75,000	\$390		\$300,001 - \$400,000	\$1,150		\$900,001 - \$1,000,000	\$2,590		\$1,500,001 - \$1,600,000	\$3,965	
\$75,000 - \$100,000	\$500		\$400,001 - \$500,000	\$1,500		\$1,100,001 - \$1,100,000	\$2,820		\$1,600,001 and above	\$3,965 + \$200 per \$100,000	

This permit will include up to 3 inspections. A \$50 re-inspect permit shall be purchased if further inspections are needed.

Date of Sizing Calculations: _____
Orientation of Structure: _____

Design Conditions:
Winter: 8 Summer: 91

PER APPROVED METHOD	Square Footage	Load Calculations		Unit Location	Fuel Type	Size of Unit (BTU)	
		Heat Gain	Heat Loss			Cool Load	Heat Load
System 1							
System 2							
System 3							
System 4							
System 5							

Total \$ _____

Additional fee \$ _____ (Started work prior to permitting)

Paid by: ☐ Cash ☐ Check Ck. # _____

☐ Rough-In ☐ Final Inspector: _____

The Division of Building Inspection, HVAC section, is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You and/or your agent on your behalf, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request, and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify this Department immediately. I verify all information provided is true and accurate to the best of my knowledge.

Master HVAC/Homeowner Signature: _____

Approved By: _____

Submittal Date: _____

Approval Date: _____