



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

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 _____

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