



# Clark County Community and Economic Development

Springview Government Center  
3130 E. Main Street, Suite 1A  
Springfield, Ohio 45505

Ethan Harris, Development Director  
Phone (937) 521-2160 | Fax (937) 328-2621  
communitydevelopment@clarkcountyohio.gov

## RESIDENTIAL HVAC APPLICATION

PLEASE PRINT OR TYPE

APPLICATION NO: \_\_\_\_\_

PLEASE SEE SUBMITTAL REQUIREMENTS PART B

### 1. PROJECT INFORMATION

Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Parcel No. \_\_\_\_\_  
Jurisdiction (City, Village, or Township) \_\_\_\_\_  
Project Description \_\_\_\_\_

#### This project is:

- Part of other New Construction, Alterations, or Change of Use
- HVAC drawings included with building plans
- A stand-alone New Work Project, Addition, or Repair

### 2. PROPERTY OWNER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_

### 3. CONTRACTOR

Company Name \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_

### 4. APPLICANT

Company Name \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_

I hereby certify that I am the Owner of Record, that I have been authorized by the Owner to make this application as his Agent, and that we agree to conform to ALL laws of the County and the State, and that all information on this application is truthful to the best of my knowledge. I also understand that **UPFRONT FEES ARE NON-REFUNDABLE AND NONTRANSFERABLE.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

### HVAC PERMIT FEES

Application Fee ..... \$40

Plan Review Fee..... \$20

New System .....\$90

Replacement System..... \$45

Solid Fuel Appliance..... \$45

Ventilation Equipment ..... \$45

Refrigeration ..... \$45

Ductwork/Alteration ..... \$45

Unit Heaters/Mini Split..... \$45

Additional Inspection ..... \$45

Special Inspection .....\$45

Work Without Permit.....\$200

**SUBTOTAL** \_\_\_\_\_

**1% OBBS State Assessment Fee** \_\_\_\_\_

**TOTAL PERMIT FEE** \_\_\_\_\_

## OFFICE USE ONLY

Received:  Counter  Mail  Fax  E-mail

Intake Person \_\_\_\_\_ Date \_\_\_\_\_

Upfront Fee Paid \$ \_\_\_\_\_

Plan Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Plans Approved by \_\_\_\_\_

Date \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Notified Permit Ready \_\_\_\_\_ Date \_\_\_\_\_

Date Picked Up \_\_\_\_\_

# RESIDENTIAL HVAC PLAN SUBMITTAL FORM Part B

## General Instructions

- The application shall be filled out completely.
- The application may be faxed or e-mailed to our office at anytime. Once the application is approved the staff will call the applicant indicating approval and total cost of permit. It is the applicant's responsibility to check periodically on the status of this application.
- All work shall conform to the current edition of the *Residential Code of Ohio*.

## Submittal Requirements

### NEW DWELLINGS /ROOM ADDITIONS

1. Duct layout. 2. ACCA Manual J load calculations. 3. Manufacturer's specifications for the appliance/equipment.

### BASEMENT FINISH

1. Duct layout. 2. Exhaust. 3. Mechanical ventilation unless approved glazing is provided.

**HEATING AND COOLING EQUIPMENT AND APPLICANCES SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S INSTALLATION INSTRUCTIONS AND THE REQUIREMENTS OF THE RESIDENTIAL CODE OF OHIO. RCO M1401.1**

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## For more information or questions:

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(937) 521-2160  
(937) 328-2621 fax

General E-mail: [communitydevelopment@clarkcountyohio.gov](mailto:communitydevelopment@clarkcountyohio.gov)  
Website: [www.clarkcountyohio.gov](http://www.clarkcountyohio.gov)

## Office Hours

Monday through Friday  
Office opens at 7:30 am  
Front Counter closes at 4:00pm  
Office closed at 4:30 pm