



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

<p>1. PROJECT INFORMATION</p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Parcel No. _____</p> <p>Jurisdiction (City, Village, or Township) _____</p> <p>Project Description _____</p> <p>This project is:</p> <p><input type="checkbox"/> Part of other New Construction, Alterations, or Change of Use</p> <p><input type="checkbox"/> HVAC drawings included with building plans</p> <p><input type="checkbox"/> A stand-alone New Work Project, Addition, or Repair</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <hr/> <p style="text-align: center;">HVAC PERMIT FEES</p> <hr/> <p>Application Fee \$40</p> <p>Plan Review Fee..... \$20</p> <hr/> <p>New System\$90</p> <p>Replacement System..... \$45</p> <p>Solid Fuel Appliance..... \$45</p> <p>Ventilation Equipment \$45</p> <p>Refrigeration \$45</p> <p>Ductwork/Alteration \$45</p> <p>Unit Heaters/Mini Split..... \$45</p> <p>Additional Inspection \$45</p> <p>Special Inspection \$45</p> <hr/> <p>Work Without Permit.....\$200</p> <p style="text-align: right;">SUBTOTAL _____</p> <p style="text-align: right;">1% OBBS State Assessment Fee _____</p> <p style="text-align: right;">TOTAL PERMIT FEE _____</p>
<p>2. PROPERTY OWNER</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Phone _____ Cell _____</p> <p>E-Mail _____</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Received: <input type="checkbox"/> Counter <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail</p> <p>Intake Person _____ Date _____</p> <p>Upfront Fee Paid \$ _____</p> <p>Plan Reviewed by _____ Date _____</p> <p>Plans Approved by _____</p> <p>Date _____</p> <p>Balance Due \$ _____</p> <p>Notified Permit Ready _____ Date _____</p> <p>Date Picked Up _____</p>
<p>3. CONTRACTOR</p> <p>Company Name _____</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Phone _____ Cell _____</p> <p>E-Mail _____</p>	
<p>4. APPLICANT</p> <p>Company Name _____</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Phone _____ Cell _____</p> <p>E-Mail _____</p> <p>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.</p> <p>Applicant Signature _____ Date _____</p>	

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

For more information or questions:

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General E-mail: communitydevelopment@clarkcountyohio.gov
Website: 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