

**APPLICATION FOR HVAC/MECHANICAL PERMIT**

**Wayne County Building Department**

428 West Liberty Street • Wooster, Ohio 44691

330-287-5525 • 330-287-5649 fax

PERMIT #

<input type="radio"/>	RESIDENTIAL
<input type="radio"/>	COMMERCIAL



PARCEL
TOWNSHIP
SECTION
LOT NO.

PROJECT DESCRIPTION:	
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JOB LOCATION ADDRESS:		CITY:	
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PROPERTY OWNER:		PHONE:		EMAIL:			
ADDRESS:		CITY:		STATE:		ZIP:	
TENANT NAME:		TENANT PHONE:					
CONTRACTOR NAME:		OHIO LIC. #					
ADDRESS:							
CITY:		STATE:		ZIP:		CELL PHONE:	
EMAIL (PLEASE PROVIDE)		PHONE:					

**EQUIPMENT INSTALLED: MARK ALL APPROPRIATE BOXES THAT APPLY**

<b>FURNACE:</b> <input type="radio"/> New or <input type="radio"/> Replacement	<input type="radio"/> Exhaust Hood	<input type="radio"/> In-Floor	<input type="radio"/> Propane / Gas
<b>A/C:</b> <input type="radio"/> New or <input type="radio"/> Replacement	<input type="radio"/> Gas Stove	<input type="radio"/> Wood Stove	<input type="radio"/> Outdoor wood unit
<b>HEAT PUMP:</b> <input type="radio"/> New or <input type="radio"/> Replacement	<input type="radio"/> Wall/Ceiling Unit # of Units _____	<input type="radio"/> Fireplace	<input type="radio"/> Geo Thermal
<b>ROOFTOP</b> <input type="radio"/> New or <input type="radio"/> Replacement		<input type="radio"/> Fuel Oil	<input type="radio"/> Electric
<b>BOILER</b> <input type="radio"/> New or <input type="radio"/> Replacement			
# of Units _____			

PLEASE SIGN AND DATE	PLEASE DO NOT WRITE BELOW THIS LINE
DATE _____	BASE FEE/SQ FT \$ _____
SIGNATURE _____ <b>Applicant, Agent, Owner</b>	OTHER FEES \$ _____
<p>The applicant, agent, owner of this building and the undersigned is/does (1) agree to conform to applicable laws of the County Building Dept. and State of Ohio, (2) responsible to verify that the job location is in the jurisdiction of the County Building Dept. and if the job location is out of jurisdiction, <b>NO</b> refund will be issued, (3) the address is correct, (4) <b>responsible for making arrangements for all inspections</b>, (5) GENERAL CONTRACTOR SHALL NOTIFY UTILITY COMPANIES INVOLVED IN THE SITE NO MORE THAN TEN DAYS AND NO LESS THAN 48 HOURS IN ADVANCE OF EXCAVATION (ORC 3781.28). CALL BEFORE YOU DIG – OUPS 1-800-362-2764.</p>	\$ _____
	\$ _____
	INITIAL PLAN REVIEW \$ _____
	RESUBMITTAL \$ _____
	RESUBMITTAL REVIEW \$ _____
<b>PAYMENT INFORMATION:</b>	
CHECK _____ Approval Date: _____	
CASH _____ Issued By: _____	
CARD _____	
<b>No final inspection will be given until ALL fees have been paid.</b>	SUBTOTAL \$ _____
	1% OR 3% \$ _____
	<b>TOTAL \$ _____</b>