

Permit #: \_\_\_\_\_

**CITY OF CHILLICOTHE**

Permit Fee: \_\_\_\_\_

**APPLICATION FOR HEATING & COOLING PERMIT**

Please print and fill out application completely

Address of Job: \_\_\_\_\_ Tenant: \_\_\_\_\_

Contractor/Applicant Name: \_\_\_\_\_

Owner  Contractor  Phone #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_

- |  |    |  |
|--|----|--|
| COMMERCIAL <input type="checkbox"/>            | OR | Residential <input type="checkbox"/>           |
| New Construction <input type="checkbox"/>      |    | New Construction <input type="checkbox"/>      |
| Existing Construction <input type="checkbox"/> |    | Existing Construction <input type="checkbox"/> |
| New Replacement <input type="checkbox"/>       |    | New Replacement <input type="checkbox"/>       |
| Remodel <input type="checkbox"/>               |    | Remodel <input type="checkbox"/>               |
| Alteration/Addition <input type="checkbox"/>   |    | Alteration/Addition <input type="checkbox"/>   |
| Multi-family <input type="checkbox"/>          |    |  |

Type of System \_\_\_\_\_ Type of Fuel \_\_\_\_\_

Number of Units - Heating: \_\_\_\_\_ Total BTU Input \_\_\_\_\_

Number of Units - Cooling: \_\_\_\_\_ Total BTU Input \_\_\_\_\_

Scope of Work: \_\_\_\_\_

The undersigned does hereby agree responsibility for all noted work in all respect in compliance with the laws of the State of Illinois and with the Code of the City of Chillicothe. All work must be inspected and approved before concealing. It is the sole responsibility of the permit holder to call the inspector and make arrangements twenty-four hours beforehand for required inspections.

No building shall be occupied or used until a FINAL Inspection and/or a Certificate of Occupancy has been issued.

Applicant Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HVAC Contractor #: \_\_\_\_\_