

# GEAUGA COUNTY BUILDING DEPARTMENT

APPLICATION FOR HVAC & AIR CONDITIONING PERMIT  
470 CENTER ST. BLDG 8-C, CHARDON, OHIO 44024-1071  
Direct Line 440-279-1780, FAX 440-285-2237

The undersigned hereby makes application for a permit for the installation, replacement or alteration of a heating or air conditioning systems or device as herein specified, agreeing to do all such work in the strict accordance with the Geauga County Building Code and State Ordinances, and to save Geauga County, Ohio harmless from any and all damages.

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**PLEASE PRINT OR TYPE:**

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

Job Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Township / Village: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

**DESCRIPTION OF HEATING WORK:** Residential - (\_\_\_\_) Commercial - (\_\_\_\_)

Type of Heating System: Forced Air: (\_\_\_\_) Hot Water Baseboard: (\_\_\_\_) Radiant: (\_\_\_\_) Solar: (\_\_\_\_)

Geo-Thermal: (\_\_\_\_) Underfloor System: (\_\_\_\_) Electric Baseboard: (\_\_\_\_) Wood Burner: (\_\_\_\_)

Type of Fuel: Natural Gas: \_\_\_\_\_ Propane: \_\_\_\_\_ Oil: \_\_\_\_\_ Electric: \_\_\_\_\_ Wood: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Model Number: \_\_\_\_\_

Manufacture's Input Rating: \_\_\_\_\_ Calculated BTU's: \_\_\_\_\_

Chimney / Flue Size: \_\_\_\_\_ Chimney Type: Pre-Fab Metal - (\_\_\_\_) Masonry - (\_\_\_\_)

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## AIR CONDITIONING INSTALLATION:

TYPE OF AIR CONDITIONING: (\_\_\_\_) - Electric (\_\_\_\_) - Gas

Trade Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ BTU's: \_\_\_\_\_

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**COMMERICAL PERMIT**  
**(Commercial Please add 3% for State BSA)**

**BASE FEE: \$169.91** \$ \_\_\_\_\_ (PER UNIT)  
Add \$ 5.83 per 100 sq./ft. \$ \_\_\_\_\_  
Add 3% BSA tax fee \$ \_\_\_\_\_  
Total H V A C Fee \$ \_\_\_\_\_

**RESIDENTIAL PERMIT**  
**(Residential Please add 1% for State BSA)**

**BASE FEE: \$ 89.11** \$ \_\_\_\_\_ (PER UNIT)  
Add \$ 2.98 per 100 sq./ft. \$ \_\_\_\_\_  
Add 1% BSA tax fee \$ \_\_\_\_\_  
Total H V A C Fee \$ \_\_\_\_\_  
(Ex. 1unit =\$90.00 2 units(furnace & air)=\$180.00)

**Your Total Estimated Construction Cost \$ \_\_\_\_\_**

INSTALLER / COMPANY NAME: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_