



City of Jeffersontown
Department of Permitting and Enforcement
 10416 Watterson Trail
 Jeffersontown, KY 40299
 Phone: (502) 267-8333 Fax: (502) 267-0547
jeffersontownky.gov

FOR OFFICE USE ONLY

Date: _____

Permit #: _____

Bus. License #: _____

Residential Dwelling - HVAC Permit Application

It is expressly understood that the applicant for this permit agrees and states that the installation will be in strict compliance to the Kentucky Building Code or the Kentucky Residential Code and the International Mechanical Code.

(Please Print)

LOCATION: _____

Property Owner: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

CONTRACTOR: _____ Contact Name _____

Contractor's Address: _____ City: _____ State _____ Zip: _____

Office/Home Phone: _____ Cell: _____ E-Mail: _____

CHECK EACH BLANK THAT APPLIES:

INSTALLATION REPLACEMENT UNIT OTHER: _____

Furnace only Air Conditional Only Combination

EQUIPMENT TYPE: Gas Electric Oil Other (Specify): _____

LOCATION OF EXTERIOR UNIT(S): Rear Side/Distance to Property Line: _____ Feet

First System (Heat & A/C): \$105.00

Number of Additional HVAC Units: _____ X \$50.00 = Total Permit Fee \$ _____

Fireplace Solid Fuel Number of Units: _____ (1-\$50.00, 2 or more - \$30.00 each)

*****ONE & TWO FAMILY DWELLING CALCULATIONS*****

Date of Sizing Calculations: _____ Orientation of Structure: _____

Summer Design Conditions: _____ Winter Design Conditions: _____

Square Footage of	System #1:	System #2:	System #3:	System #4:	System #5:
Heat Gain for:					
Heat Loss for:					

The City of Jeffersontown is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070.

You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion.

It is your responsibility to notify, request and obtain all required inspections.

If for any reasons you fail to complete this installation, it shall be your responsibility to notify the City of Jeffersontown immediately.

SIGNATURE: _____ DATE: _____

Master HVAC or Homeowners Name: _____ HVAC Master License No.: _____