



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

NEW INSTALLATION       REPLACEMENT UNIT

Furnace Only       Air Conditioner Only       Combination

EQUIPMENT TYPE:  Gas     Electric     Oil     Other (Specify): \_\_\_\_\_

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

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 \$** \_\_\_\_\_

\*\*\*\*\*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.

*I hereby certify that I am the owner of record or the owner of record authorizes the proposed work and I have been authorized to make this application as the authorized agent.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Master HVAC or Homeowners Name: \_\_\_\_\_ HVAC Master License No.: \_\_\_\_\_