

HVAC PERMIT - City of Wadsworth

JOB ADDRESS _____ **Permit #** _____

Applicant: _____ Email _____

Owner _____

Owner Address _____ Phone _____

HVAC Contractor _____ Reg # _____

Contractor Address _____ Phone _____

NEW: *New Const. Add AC Fireplace/Stove Other _____

REPLACEMENT: Furnace AC Vent/Liner Ducts Other _____

Heat Type: _____ AFUE _____ BTU _____ AC/SEER _____ BTU _____

Base Fee \$ _____ + (_____ sq. ft. X \$.05 /sq. ft.) = **TOTAL \$** _____

**Supply System Description Form for New Construction*

I hereby certify that I am the owner of record of the named property, will perform the work personally, and intend to reside at this location for at least one year; **or** I am a City of Wadsworth registered HVAC contractor and am authorized by the owner to make this application. I agree to conform to all applicable codes of this jurisdiction and obtain final inspection approval. I certify that the Building Official, or his representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the applicable codes.

Call the City of Wadsworth at 335-2753 for inspections.

HVAC Contractor or Owner - Sign _____ Print Name _____ Date

HVAC Permit issued by: _____
_____ Building Official or Deputy _____ Date