



# APPLICATION FOR HVAC PERMIT

Building Commission  
500 Quartermaster Ct., Ste. 200; Jeffersonville, Ind. 47130  
Phone: 812-285-6415 • Fax: 812-285-6468  
www.cityofjeff.net

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

## 1. Location information

- Address of job: \_\_\_\_\_ Lot #: \_\_\_\_\_
- Contractor: \_\_\_\_\_
- Contractor address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Contractor license number: \_\_\_\_\_

## 2. Property information

- Property Owner: \_\_\_\_\_
- Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 3. Project details

### HEATING

- Fuel to be used \_\_\_\_\_
- Number of units \_\_\_\_\_
- Name of unit \_\_\_\_\_

### AIR CONDITIONING

Tonage \_\_\_\_\_ Name of unit \_\_\_\_\_

Are the heating/air units: \_\_\_\_\_ New  
\_\_\_\_\_ Replacement

**X** \_\_\_\_\_  
(signature of license holder) (date)