## Bartholomew County/City of Columbus, Indiana

## HVAC (Including Fireplaces & Wood Stoves) PERMIT APPLICATION

Phone: (812) 379-1535

FAX: (812) 379-1765

The Department of Technical Code Enforcement 440 Third Street, Suite 302 Columbus, Indiana 47201

## INSTRUCTIONS:

1) Print all information in INK. 2) Complete ALL information unle	ss instructions indicate otherwise. 3) Place a checkmark or an X in the
box corresponding to your response. 4) Questions? Call the Department	ment of Technical Code Enforcement.
1. LOCATION OF CONSTRUCTION ACTIVITY:	7. TYPE OF HVAC WORK:  □ Installation □ Pople company
Number         N-S-E-W         Street Name         Apt. #/Lot #	Replacement
2. OWNER OF PREMISES:	☐ Alteration ☐ Remodel ☐ Addition
Name:	Other, Specify
Last First M.I.  Address:	8. TYPE OF SYSTEM or EQUIPMENT: (Check One):
Number N-S-E-W Street Name Apt. #/Lot #	☐ Heating System ☐ Wood Stove System
City State Zip Code	☐ Cooling System ☐ Heating AND Cooling System ☐ Fireplace System ☐ Air Handlers
Telephone:  Area Code Number	☐ Refrigeration System ☐ Hood System/Fire Suppression System
3. USE OF STRUCTURE:  Residential Commercial Multi-Family Other, Specify	9. TYPE OF HEATING or COOLING:
4. EST'D COST OF HEAT/COOLING/FIRE SUPP. WORK:	11. COOLING: TONS# Units
\$  5. STRUCTURAL BUILDING PERMIT NUMBER:	<b>12. ENERGY SOURCE:</b> ☐ Electric ☐ Oil ☐ Gas ☐ Solar ☐ Other, Specify
#	13. <u>WILL ANY ELECTRICAL WORK BE PERFORMED</u> ?  ☐ YES (See Permit Clerk) ☐ NO
6. CONTRACTOR RESPONSIBLE FOR PERMIT:	
Name:	A) If you are obtaining this permit for a corporation,
Last First M.I.	partnership or individual listed with the Dept. of
Contact:Last First M.I.	Technical Code Enforcement, provide the follow- ing information:
Address:	Name:
Number Street City State	Name:Last First M.I.
Telephone:	Contractor ID #
Area Code Number	
I hereby certify that I have the authority to make the forego and correct and that all HVAC methods will comply with all Bartholomew County and/or the City of Columbus, IN.	oing application, that all accompanying documents are accurate lof the ordinances currently adopted by the State of Indiana,
Contractor Signature:	
Owner/Agent Signature:	
Application Release Date:State	
Fee Amount: \$ Initials: S	ubdivision:
Township:Map & Parcel #	
Zoning:Flood Hazard Area:	