

Bartholomew County/City of Columbus, Indiana
HVAC (Including Fireplaces & Wood Stoves)
PERMIT APPLICATION

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

Phone: (812) 379-1535
FAX: (812) 379-1765

INSTRUCTIONS:

1) Print all information in INK. 2) Complete ALL information unless instructions indicate otherwise. 3) Place a checkmark or an X in the box corresponding to your response. 4) Questions? Call the Department of Technical Code Enforcement.

1. LOCATION OF CONSTRUCTION ACTIVITY:

Address: _____
Number N-S-E-W Street Name Apt. #/Lot #

2. OWNER OF PREMISES:

Name: _____
Last First M.I.

Address: _____
Number N-S-E-W Street Name Apt. #/Lot #

City State Zip Code

Telephone: _____
Area Code Number

3. USE OF STRUCTURE:

- Residential
 Commercial
 Multi-Family
 Other, Specify _____

4. EST'D COST OF HEAT/COOLING/FIRE SUPP. WORK:

\$ _____

5. STRUCTURAL BUILDING PERMIT NUMBER:

7. TYPE OF HVAC WORK:

- Installation
 Replacement
 Repair
 Alteration
 Remodel
 Addition
 Other, Specify _____

8. TYPE OF SYSTEM or EQUIPMENT: (Check One):

- Heating System Wood Stove System
 Cooling System Heating AND Cooling System
 Fireplace System Air Handlers
 Refrigeration System
 Hood System/Fire Suppression System

9. TYPE OF HEATING or COOLING:

- Forced Air Radiant High Pressure Steam
 Other, Specify _____

10. HEATING: BTU's _____ # Units _____

11. COOLING: TONS _____ # Units _____

12. ENERGY SOURCE: Electric Oil
 Gas Solar
 Other, Specify _____

13. WILL ANY ELECTRICAL WORK BE PERFORMED?

- YES (See Permit Clerk) NO

6. CONTRACTOR RESPONSIBLE FOR PERMIT:

Name: _____
Last First M.I.

Contact: _____
Last First M.I.

Address: _____
Number Street City State

Telephone: _____
Area Code Number

A) If you are obtaining this permit for a corporation, partnership or individual listed with the Dept. of Technical Code Enforcement, provide the following information:

Name: _____
Last First M.I.

Contractor ID # _____

I hereby certify that I have the authority to make the foregoing application, that all accompanying documents are accurate and correct and that all HVAC methods will comply with all of the ordinances currently adopted by the State of Indiana, Bartholomew County and/or the City of Columbus, IN.

Contractor Signature: _____

Owner/Agent Signature: _____

Application Release Date: _____ **State Release #** _____ **Permit #** _____

Fee Amount: \$ _____ **Initials:** _____ **Subdivision:** _____

Township: _____ **Map & Parcel #** _____

Zoning: _____ **Flood Hazard Area:** YES NO