

HEATING, VENTILATING, AIR CONDITIONING REFRIGERATION APPLICATION

Issue Date: _____

City Of Proctor, Building Inspection Division

No. _____

IMPORTANT - Complete ALL items. Mark boxes where applicable.

LOCATION OF BUILDING	Street Address		Plat & Parcel
	Legal Description		
	Lot	Subdivision	

TYPE AND COST OF INSTALLATION

A. TYPE OF IMPROVEMENT

- 1 New building
- 2 Addition (If residential, enter number of new housing units added, if any, in part D)
- 3 Repair, replacement or Alteration (See 2 above)

B. OWNERSHIP

- 1 Private (individual, corporation, nonprofit institution, etc.)
- 2 Public (Federal, State, or local government)

D. PROPOSED USE - For "Wrecking" most recent use.

RESIDENTIAL

- 01 One family
- 02 Two family
- 03 Three family
- 04 Four family
- 05 Five or more family
- 06 Transient hotel, motel
or dormitory - Enter number of units _____
- 07 Other - Specify _____

NON-RESIDENTIAL

- 09 Amusement, recreational
- 10 Church, other religious
- 11 Industrial
- 12 Parking garage
- 13 Service station, repair garage
- 14 Hospital, institutional
- 15 Office, bank, professional
- 16 Public utility
- 17 School, library, other educational

Owner or Agent's Name _____

C. PRINCIPAL TYPE OF HEATING FUEL

- 1 Gas
- 2 Oil
- 3 Electricity
- 4 Coal
- 5 Other - Specify _____

Describe in detail the scope of Heating, Ventilating, Air Conditioning & Refrigeration Work

CHECK TYPE OF SYSTEM	WARM AIR PLANTS		AIR CONDITIONING <input type="checkbox"/>	HEATING OR POWER PLANT		SPECIAL DEVICES <i>(Specify Use)</i>	OTHER DEVICES
	GRAVITY <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	PARTIAL COOLING <input type="checkbox"/>	STEAM <input type="checkbox"/>	HOT WATER <input type="checkbox"/>		
	Summer <input type="checkbox"/>	Winter <input type="checkbox"/>	All Year <input type="checkbox"/>	Boiler	Radiation		
MAKE							
SIZE NO.							
CONN. LOAD							
FUEL							
FLUE DIA.							
SUPPLY OPNS.							
RETURN OPNS.							
CAPACITY	INPUT						
	CFM						
	TONS						
	EDR						
	BTU						
HP							
EQUIP. COOLED			Air <input type="checkbox"/> Liquid <input type="checkbox"/>				

ESTIMATED VALUATION \$ _____

Fee _____

Plan Checking Fee _____

State Surcharge _____

TOTAL FEE _____

In consideration of the issue and delivery to me by the Building Inspector of the City of Proctor a permit to install the Heating, Ventilating, Air Conditioning, and/or Refrigeration work indicated above, I agree to do said proposed work in strict accordance with all City Ordinances and applicable State Regulations relative to same, and, that when the work is ready, I shall notify the Department of Building Inspection, requesting that an examination be made of said work, as required by City Ordinance and State Regulation.

Firm: _____

Address: _____ Phone No. _____

Date: _____ By: _____