

# CITY OF ROCKY RIVER

BUILDING DEPARTMENT - 21012 HILLIARD BOULEVARD, ROCKY RIVER, OH 44116 - 440-331-0600

## HVAC PERMIT APPLICATION

Estimated Cost \$ \_\_\_\_\_

Permit Number: \_\_\_\_\_

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

Residential  Commercial

Project Address: \_\_\_\_\_ New  Existing

Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

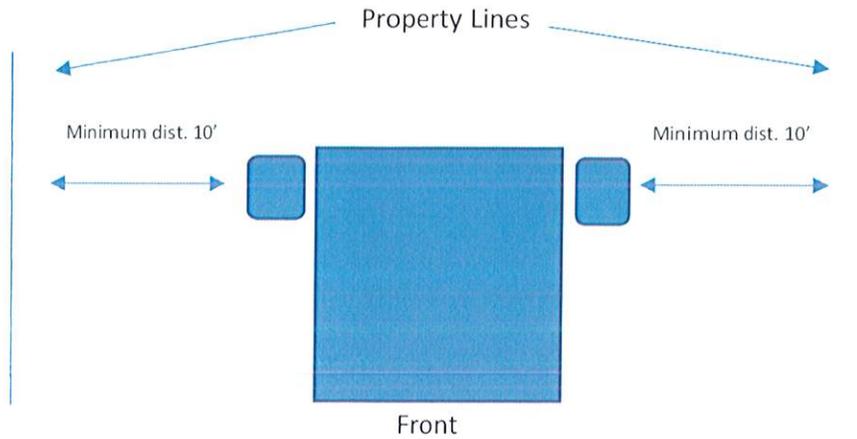
### Commercial Projects

Heating system # units _____ BTU _____ CFM _____	Kitchen Hood CFM _____
Cooling system # units _____ BTU _____ CFM _____	Makeup Air # Units _____
Rooftop Units # units _____ BTU _____ TONS _____	Exhaust Fans # _____ CFM Each _____
Boiler _____ Certification number _____	
Base Fee \$ <u>125.00</u> Equip Fee \$ _____ 3% _____	
Total \$ _____	

### Residential Projects

Furnace # units _____ BTU _____ 80% <input type="checkbox"/> 90% <input type="checkbox"/> Other <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/>	
Air conditioner # units _____ Ton _____ <u>13 SEER Min. and must complete page 2 of this application</u>	
Heat Pump # units _____ BTU _____ <u>14 SEER Min. and must complete page 2 of this application</u>	
Exhaust Fan # Units _____ CFM _____	
Geothermal Unit Yes <input type="checkbox"/> No <input type="checkbox"/>	
Kitchen Hood CFM _____	
Base Fee \$ <u>50.00</u> Equip Fee \$ _____ 1% \$ _____	
Total \$ _____	

RESIDENTIAL EQUIPMENT LOCATIONS



Property line location and confirmation is the sole responsibility of the property owner.

\*\* Condensers, heat pumps and Generators may be located in either the rear yard or the side yard, but shall not be located less than ten (10) feet from the side lot line.

\*\* No more than two (2) such units may be located in the side yard

Unit distance from Property line: \_\_\_\_\_

Additional unit    YES  (to be drawn in above)    NO

Sound Rating of unit(s): \_\_\_\_\_ dB's

Proposed screening method: \_\_\_\_\_

\_\_\_\_\_  
\*\* Condensers, heat pumps and Generators must be screened from adjacent neighbors and from the public right-of-way with evergreen plant material so that within two (2) years the equipment is adequately screened from view

Registered Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

OR

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

Contractor Address: \_\_\_\_\_

Contractor / Homeowner Phone: \_\_\_\_\_ Cell: \_\_\_\_\_