

CITY OF MT. WASHINGTON  
Department of Building Codes  
311 Snapp Street P.O. Box 285  
Mt. Washington, Kentucky 40047  
(502) 538-0515

Department use only:

Permit No. \_\_\_\_\_

Cost of Permit \_\_\_\_\_

Date \_\_\_\_\_

**HVAC CONSTRUCTION PERMIT APPLICATION: HOMEOWNER ONE & TWO FAMILY DWELLING**

*It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance with the Uniform State Building Code and the Uniform State Residential Building Code.*

**Make payment to City of Mt. Washington**

Address Location: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Owner's Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHECK EACH BLANK THAT APPLIES:** \_\_\_\_\_ New Construction \_\_\_\_\_ Existing Construction

\_\_\_\_\_ Single Family Dwelling \_\_\_\_\_ Duplex \_\_\_\_\_ Townhomes \_\_\_\_\_ Correction and testing

\_\_\_\_\_ Replacement \_\_\_\_\_ Manufacture Home \_\_\_\_\_ Other (Explain): \_\_\_\_\_

**Permit Cost:**

First system \$105.00 plus (\_\_\_\_\_ # of additional systems X \$50.00 = \_\_\_\_\_) Equals \$ \_\_\_\_\_ Total

Date of Sizing Calculations \_\_\_\_\_ Orientation of Structure: Circle One N S E W NE NW SE SW

Summer Design Conditions \_\_\_\_\_ Winter Design Conditions \_\_\_\_\_

	Square Footage	Heat Gain	Heat Loss
System 1			
System 2			
System 3			

The following items must be received before issuing: Duct design, load calculation, and affidavit stating that you will be the primary owner of the home and occupy it.

**The Department of Building Codes, is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify the Department immediately.**

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

Complete Address: \_\_\_\_\_

Office / Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_