

## Yes. Life's good here.

Permitting and Inspections Department Michael A. Russell, MS, Director

## Heating, Ventilating, Air Conditioning (HVAC) or Power Equipment Application

(Including roof top chillers, mini/multi split heat pumps, ERV's and fuel fired heating appliances)

The following items shall be submitted:	(medalig rest top	
A plot plan showing the size and dimension of the lot, location of buildings, location of all exterior rovace equipment and distance from property lines   Broof of ownership (if inconsistent with the assessor's records)   Additional information is required, as applicable, pertaining to the type of system or installation:   Floor and roof plans with dimensions, including location of all equipment and appliances and clearances   Ductwork including steel gauge, supply/exhaust lines, diffusers, smoke and fire damper locations   Dyroduct and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications-provide the manufacturer's specification manual or cut sheets)   Structural framing modifications, equipment mounting and hanging details   Venting materials, clearances, number of flues and exhaust termination location   Project Address:	The following items shall be submitted:	
equipment and distance from property lines    gfoof of ownership (if inconsistent with the assessor's records)   Additional information is required, as applicable, pertaining to the type of system or installation:   Floor and roof plans with dimensions, including location of all equipment and appliances and clearances   Ductwork including steel gauge, supply/exhaust lines, diffusers, smoke and fire damper locations   Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications provide the manufacturer's specification manual or cut sheets)   Structural framing modifications, equipment mounting and hanging details   Venting materials, clearances, number of flues and exhaust termination location   Project Address:	HVAC Application (this form), completed	
Proof of ownership (if inconsistent with the assessor's records)   Additional information is required, as applicable, pertaining to the type of system or installation:   Floor and roof plans with dimensions, including location of all equipment and appliances and clearances   Ductwork including steel gauge, supply/exhaust lines, diffusers, smoke and fire damper locations   Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications provide the manufacturer's specification manual or cut sheets)   Structural framing modifications, equipment mounting and hanging details   Venting materials, clearances, number of flues and exhaust termination location   Project Address:	A plot plan showing the size and dimension of the lot, location of ballange, the same size and distance from property lines	
Additional information is required, as applicable, pertaining to the type of system or installation:    Floor and roof plans with dimensions, including location of all equipment and appliances and clearances   Ductwork including steel gauge, supply/exhaust lines, diffusers, smoke and fire damper locations   Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications-provide the manufacturer's specification manual or cut sheets)   Structural framing modifications, equipment mounting and hanging details   Venting materials, clearances, number of flues and exhaust termination location   Project Address:		
Floor and roof plans with dimensions, including location of all equipment and appliances and clearances   Dectwork including steel gauge, supply/exhaust lines, diffusers, smoke and fire damper locations   Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications-provide the manufacturer's specification manual or cut sheets)   Structural framing modifications, equipment mounting and hanging details   Venting materials, clearances, number of flues and exhaust termination location	Additional information is required, as applicable, pertaining to the type of system or installation:	
Ductwork including steel gauge, supply/exhaust lines, diffusers, smoke and the damper locations   Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications-provide the manufacturer's specification manual or cut sheets)   Structural framing modifications, equipment mounting and hanging details   Venting materials, clearances, number of flues and exhaust termination location	Floor and roof plans with dimensions, including location of all equipment and appliances and clearances	
Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications—provide the manufacturer's specification manual or cut sheets)   Structural framing modifications, equipment mounting and hanging details   Venting materials, clearances, number of flues and exhaust termination location   Project Address:   Sand pipe Rd   Current use of building:   Residential	The protocol including steel gauge, supply/exhaust lines, diffusers, smoke and tire damper locations	
Structural framing modifications, equipment mounting and hanging details  Venting materials, clearances, number of flues and exhaust termination location  Project Address: Sand planed Current use of building: Vester tied  Tax Assessor's CBI: 085 M008 001 Cost of Work: \$ 3 744.00  Owner Name: Anath Block Lot #  Owner Name: Anath Block Lot #	Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications	
Venting materials, clearances, number of flues and exhaust termination location   Project Address: 3	provide the manufacturer's specification manual or cut sheets)	
Project Address: 2 Sand ppr Rd  Current use of building: Kestanda   Sanda   Sa	Structural framing modifications, equipment mounting and manging u	on location
Tax Assessor's CBL:  085 M008 001 Cost of Work: \$ 37(16,00)  Owner Name: Arthur Harmon Phone: 704 Gled 1345  Address: Wille Tontreed Jacksonviller Email: Problem 201, 284170  Address: World Phone: 201, 284170  Email: Proplet Phone: 201, 284170  Furnace BTU/hour input  Location of Appliance: Basement Floor Level Wall Attic Roof  Fuel or Power Source: Gas Oil Electric Wood Pellets  Appliance Name: MIS 401544  Name of Listed Approval Entity (e.g., UL Approval):  Installer License type (master plumber, oil, gas, etc.): PA F F F  Type of Venting: Propane Oil Direct Vent Rilling H: N/A  Number of tanks: Size of tank: Distance from tank to center of flame: N/A  Number of tanks: Size of tank: Distance from tank to center of flame: I hereby certify that I am the owner of record of the named property, or that the owner of precord authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if ju permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.  Date: Shart	2 - 1 Older Hall	
Owner Name: Or hart # Block # Lot # Phone: 704-962 / 3665  Address: 3416 Torthe Rajackonville   Email: Pksblar ayakao Coh- Installer Name: Daves world Phone: 267-389-1170  Address: 337 Cor har Rajackonville   Email: Oraque Coh- Installer Name: Daves world Phone: 267-389-1170  Address: 337 Cor har Rajackonville   Email: Oraque Coh- Installer Name: Daves world Phone: 267-389-1170  Address: 337 Cor har Rajackonville   Email: Oraque Coh- Installer Name: Daves world   Exhaust CFM Supply CFM    Duct Smoke Detection (If supply is over 2,000 CFM)   Furnace BTU/hour input    Location of Appliance: Basement   Floor Level   Wall   Attic   Roof    Pellets   Propane   Wood   Pellets    Appliance Name: Masonry Lined   Propane    Metal   Oil   K1    Direct Vent   K1   N/A    Number of tanks: Size of tank: Distance from tank to center of flame:    I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and toodes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.	Project Address: 3 and project	
Owner Name: Arthur Harmon Phone: 904963/868  Address: 34116 Torthe Rad Jackson/IIEF Email: PKSbldr & yahoo Coh- Installer Name: Daves World Phone: 367, 3891170  Address: 351 Corham Rad Scar helder! Email: Candy Cumming & dayeration  Type of Installation: Lead fump line Exhaust CFM Supply CFM  Duct Smoke Detection (If supply is over 2,000 CFM) Furnace BTU/hour input  Location of Appliance: Basement   Floor Level   Wall   Attic   Roof  Fuel or Power Source: Gas   Oil   Electric   Wood   Pellets  Appliance Name: Massage (master plumber, oil, gas, etc.): Falth   License #: 756169 UB3410  Type of Venting: Type of Fuel Tank: Propane   Oil   Rill   Ril	I dx Assessor s CDL.	5 146.00
Installer Name: Daves world Phone: 207, 289-1170  Address: Dave Auror Red Scar helder Email: Condy Cumming Sedaye with a Supply CFM Email: Condy Condy CFM Email: Condy Condy CFM Email: Condy Condy CFM Email: Condy CF	and the same of the same	Phone: 904-962-1365
Installer Name: Daves World Phone: 267-389-170  Address: D3 Gorham Rd Scar hellory Email: Cady Cumming adayes with a Supply CFM Supply Supply CFM Supply Su	21/11/ talle of lacking all of small Orshide eyahacon	
Type of Installation:	Phone: 207, 289-1170	
Type of Installation:	520 Grandon R. S. Comb & MDY Empile 1 day ( UMMM9 ) & Clayes Williams	
Duct Smoke Detection (If supply is over 2,000 CFM)	11 0 0 0 0 0 0 0	
Location of Appliance: Basement Floor Level Wall Attic Roof Fuel or Power Source: Gas Oil Electric Wood Pellets  Appliance Name: May 15 M  Name of Listed Approval Entity (e.g., UL Approval):  Installer License type (master plumber, oil, gas, etc.): FPAT+T License #: 750 69 433400  Type of Venting: Type of Fuel Tank:  Masonry Lined Oil  Metal Noirect Vent Rattory Built: N/A  Number of tanks: Size of tank: Distance from tank to center of flame:  I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.  Signature: Date: Selbot?	Type of more and a second of the second of t	BTU/hour input
Fuel or Power Source: Gas Oil Electric Wood Pellets  Appliance Name: MISUALSM  Name of Listed Approval Entity (e.g., UL Approval):  Installer License type (master plumber, oil, gas, etc.): PAI+II License #: 756 169 435400  Type of Venting: Propane  Metal Oil  Direct Vent Size of tank: N/A  Number of tanks: Size of tank: Distance from tank to center of flame:  I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.  Signature: London Pellets  Wood Pellets  Wood Pellets  Wood Pellets  Hood Guidens  Type of Fuel Tank:  Propane  Oil  N/A  NyA  Number of tanks: Distance from tank to center of flame:  I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.	Duct Smoke Detection (il supply is over 2,000 of the	
Appliance Name: MISUNISM  Name of Listed Approval Entity (e.g., UL Approval):  Installer License type (master plumber, oil, gas, etc.): LPA I+II License #: 750 log UB3940  Type of Venting: Type of Fuel Tank:    Masonry Lined	Location of Appliance.	- Dollate
Name of Listed Approval Entity (e.g., UL Approval):  Installer License type (master plumber, oil, gas, etc.): PAT+T  License #: 75616943940  Type of Venting:  Masonry Lined  Metal  Direct Vent  Factory Built:  Listing #:  Distance from tank to center of flame:  I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and have been authorized by the owner to make this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.  Signature:  Date:	Fuel of Power Source.	
Type of Venting:  Masonry Lined  Metal  Direct Vent  Intereby certify that I am the owner of record of the named property, or that the owner of record authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.  Date:  Signature:  Date:  Type of Fuel Tank:  Propane  Oil  K1  N/A  Distance from tank to center of flame:  I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.	Appliance Name:	
Type of Fuel Tank:    Masonry Lined	Name of Listed Approval Entity (e.g., OL Approval).	License #: 756 169 432410
Masonry Lined    Metal		
☐ Metal ☐ Direct Vent ☐ Factory Built:		
Direct Vent  Factory Built:  Listing #:  Distance from tank to center of flame:  I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.  Signature:  Date:		Oil
Number of tanks:    Size of tank:   Distance from tank to center of flame:	-/	☐ K1
Number of tanks: Size of tank: Distance from tank to center of flame: I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.	Claston, Built: Listing #:	
I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.  Signature:  Date:	Number of tanks: Size of tank: Distance	from tank to center of flame:
Signature: Indy Ulmming Date: 8767	I hereby certify that I am the owner of record of the named property, or that the owner of have been authorized by the owner to make this application as his/her authorized agent codes and the laws of this jurisdiction. In addition, if a permit for work described in this a authorized representative shall have the authority to enter all areas covered by this perm	of record authorizes the proposed work and that I . I agree to conform to all applicable State laws and application is issued, I certify that the Code Official's mit at any reasonable hour to enforce the provisions
SISTING OF THE PROPERTY OF THE		Date: 87077
This is not a permit. Work may not commence until the permit is issued.		