

CITY OF STREETSBORO

9184 ST RT 43
Streetsboro, OH 44241

Building Dept: (330) 626-6069

FAX: (330) 626-6067

HVAC PERMIT APPLICATION

Project Address _____ S/L _____

Property Owner's Name _____

Property Owner's Address _____
(if different than project address) Street City State Zip

Property Owner's Phone # (____) _____ Fax # (____) _____

Contractor Name _____ Contact _____

Address _____
Street City State Zip

Contractor's Phone # (____) _____ Fax # (____) _____

GENERAL PROJECT INFORMATION

Estimated Cost \$ _____

Single Family Apartments Condominiums Agricultural Commercial
of units _____ # of units _____

PROJECT TYPE

New Construction Remodel Alteration Replace Furnace
 Install New Furnace Replace A/C Condenser Install New Air Conditioning Addition
 Extend Ductwork Replace combination unit Install New Combination Unit
 Thru the Wall Heater Garage Heater Equipment Installation

Describe project _____

AUTHORIZATION

1. The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.
2. This permit, when issued, is subject to the observance of all ordinances of the City of Streetsboro and the laws of the State of Ohio, and is subject to revocation if these are not observed.

Signature of Contractor or Owner.

Printed Name