

# 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 # of units \_\_\_\_\_  
 Condominiums # of units \_\_\_\_\_       Agricultural       Commercial

#### 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