

OTTAWA COUNTY
Department of Building Inspection
 Court House, Room 104
 315 Madison Street, Port Clinton, OH 43452
 Phone: 419-734-6767

Revised: Sept. 3, 2010

APPLICATION FOR HEATING/COOLING SYSTEM PERMIT
RESIDENTIAL ONLY

I. Township/Village/City _____
 Number and Street _____

II.	NAME	ADDRESS	TELEPHONE
OWNER and/or LESSEE		Street	
		City/State/Zip	
CONTRACTOR		Street	
		City/State/Zip	

III. DESCRIPTION OF WORK:
 How Occupied: ___ New Dwelling ___ One Family ___ Two Family ___ Three Family ___ Other
 Heating/AC Equipment: ___ Forced Air Furnace ___ Hot Water Boiler Fuel Type: _____
 Distribution System Type: ___ Gravity Air ___ Forced Air ___ Radiant Other _____
 Heating Unit Location: ___ Basement ___ Floor Level ___ Other

IV. CLASSIFICATION:	FEES	FEE TOTAL
1. New Furnace (with AC) or Boiler	\$69.00	\$ _____
2. \$.03 per Square Foot of Heated Area (_____ sq. ft. x .03¢) =		\$ _____
3. Replacement Furnace – Using Different Fuel	\$57.00	\$ _____
4. Replacement Furnace – Using Same Fuel	\$57.00	\$ _____
5. New Air Handler w/Duct Work (plus .03¢ sq.ft.)	\$57.00	\$ _____
6. New Air Conditioner (addition to existing furnace)	\$57.00	\$ _____
7. Wood Burner, Free Standing Fireplaces, Wall Htrs.	\$57.00	\$ _____
8. Extension of Ductwork from Existing System	\$57.00	\$ _____
	SUBTOTAL	\$ _____
(Be sure this is added to the Total Fee) PLUS 1% SURCHARGE		\$ _____
	TOTAL FEE	\$ _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to all applicable laws of this jurisdiction.

SIGNATURE OF APPLICANT (Contractor or Home Owner)

APPLICATION DATE