

# City of Madisonville

67 North Main Street

Madisonville, KY 42431

Phone 270-824-2196

Fax 270-824-2197

Date \_\_\_\_\_

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

## HVAC CONSTRUCTION PERMIT APPLICATION:

It is expressly understood and the applicant states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

\_\_\_\_\_ SINGLE FAMILY DWELLING  
\_\_\_\_\_ MULTI-FAMILY DWELLING  
\_\_\_\_\_ COMMERCIAL BUILDING

Location/Address \_\_\_\_\_ Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### CHECK EACH BOX THAT APPLIES:

\_\_\_\_\_ New Construction \_\_\_\_\_ Existing Unit \_\_\_\_\_ Single Family Unit \_\_\_\_\_ Duplex \_\_\_\_\_ Other

First Residential System \$105.00, PLUS ( \_\_\_\_\_ # of additional systems X \$50.00 = \_\_\_\_\_ ) Equals \_\_\_\_\_ Total Permit Cost  
Commercial Project Cost \_\_\_\_\_ (see [HVAC Fee Schedule](#)).

Date of Sizing Calculations \_\_\_\_\_ Orientation of Structure \_\_\_\_\_  
Summer Design Conditions \_\_\_\_\_ Winter Design Conditions \_\_\_\_\_

Square Footage System 1 \_\_\_\_\_ System 2 \_\_\_\_\_  
Heat Gain System 1 \_\_\_\_\_ System 2 \_\_\_\_\_  
Heat Loss System 1 \_\_\_\_\_ System 2 \_\_\_\_\_

(1) Equipment Type \_\_\_\_\_ Gas \_\_\_\_\_ Oil \_\_\_\_\_ Electric \_\_\_\_\_ Water to Air \_\_\_\_\_

(2) Equipment Size \_\_\_\_\_

(3) Supply Duct Size/Type of Material \_\_\_\_\_

(4) Return Duct Size/Type of Material \_\_\_\_\_

(5) Pipe(s) Size/Type of Material \_\_\_\_\_

\*Submit documentation necessary to support sizing calculations.

*\*If any portion of the HVAC system is below ground or concealed, the concealed portion of the system shall be inspected and approved prior to covering.*

(6) Heating/Air Vents: \_\_\_\_\_ Type \_\_\_\_\_ Material \_\_\_\_\_ Size \_\_\_\_\_

(7) Clothes Dryer Vents: \_\_\_\_\_ Type \_\_\_\_\_ Material \_\_\_\_\_ Size \_\_\_\_\_

(8) Bathroom Fan Vents: \_\_\_\_\_ Type \_\_\_\_\_ Material \_\_\_\_\_ Size \_\_\_\_\_

(9) Combustion Air: \_\_\_\_\_ Source: \_\_\_\_\_ Indoor/Outdoor \_\_\_\_\_ Size \_\_\_\_\_

(10) Exhaust System(s): \_\_\_\_\_ Type \_\_\_\_\_ Material \_\_\_\_\_ Size \_\_\_\_\_

The City of Madisonville 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 will be your responsibility to notify the City immediately. The above information is, to the best of my knowledge, true and correct. It is understood and agreed that any error, misstatement or misrepresentation of fact, or any alteration or change in plans after issuance of the HVAC permit, shall constitute sufficient grounds for the revocation of the permit.

Master HVAC/Homeowner Signature \_\_\_\_\_ License No: \_\_\_\_\_

Complete Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office/Home Phone Number \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

### OFFICE USE ONLY

Concealed Inspection \_\_\_\_\_ Rough-In Inspection \_\_\_\_\_ Final Inspection \_\_\_\_\_

Associated Building Permit # \_\_\_\_\_ Date Permit Paid \_\_\_\_\_ Date Permit Issued \_\_\_\_\_

**Notes:** *JULY 1<sup>st</sup> 2015, DUCT BLAST TEST IS REQUIRED FOR DUCTWORK IN NONCONDITIONED SPACES FOR RESIDENTIAL -PER-2009 IECC.*