



Building Inspection Department
100 North Court Street
Georgetown, KY 40324
Phone: (502) 863-9802 Fax: (502) 863-4169

Permit Application Form

Permit Number

☐ City ☐ County

HVAC Application for Commercial Buildings

Permit Type:	<input type="checkbox"/> HVAC <input type="checkbox"/> Range Hood <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Manufactured Fireplace			
Job Site Location			Related Bldg. Permit No.	
Bldg. Owner			Phone	
HVAC Contractor			License #	
Address				
Phone		Fax	Email	
Supervisor			License #	
Application Detail				
Installation Type	<input type="checkbox"/> New Construction -- Number of Units: ____ <input type="checkbox"/> Existing Unit Change-out -- Number of Units: ____			
Equipment Type	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OIL <input type="checkbox"/> GEOTHERMAL			

DESCRIBE PROPOSED INSTALLATION:

Cost of Construction / Installation

\$

HVAC PERMIT FEES:

Per Cost Fee Schedule

TOTAL FEE	\$

Note; The Georgetown /Scott County Building Department 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 the installation, it shall be your responsibility to notify the Department immediately.

Applicant Signature _____ **Date:** _____

Receipt #		Date Received	/ /	Check #		Received By	
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AFFIDAVIT OF ASSURANCES*
PURSUANT TO KRS 198B.060 (10)

Comes the Applicant; _____, and states, pursuant to KRS 198B.060 (10), that all contractors and subcontractors employed or that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Worker's Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

THIS the _____ day of _____, 20____.

Contractor, Owner or Owner's Agent

SUBSCRIBED AND SWORN to before me by _____

Applicant, on this the _____ day of _____, 20____.

Notary Public
State At Large

My commission Expires: _____

* () The Affidavit of Assurances is not required if the local building code official was presented the assurances upon issuance of the local building permit.



Inspections – I am aware of the required inspections and the applicant's responsibility to schedule those inspections.

Signature of Applicant