



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 One or Two Family Dwellings

| | | | | | |
|---------------------------|---|-----|--|--------------------------|--|
| 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. | |
| Home Owner | | | | Phone | |
| Contractor | | | | License # | |
| Address | | | | | |
| Phone | | Fax | | Email | |
| Supervisor | | | | License # | |
| Application Detail | | | | | |
| Building Type | <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> MODULAR <input type="checkbox"/> OTHER | | | | |
| 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 | | | | |

ALL CALCULATIONS MUST BE ROOM BY ROOM -- EXCEPT REPLACEMENT UNITS

- Copy of State Mechanical License (if not on file)
- HVAC Load Calculations
- Equipment Manufacturers Specifications
- Copy of Floor Plan used for Calculations

Date of Sizing Calculations: _____

Orientation of Structure: _____

Summer Design Conditions: _____

Winter Design Conditions: _____

| | System 1 | System 2 | System 3 | System 4 | System 5 |
|----------------|----------|----------|----------|----------|----------|
| Square Footage | | | | | |
| Heat Gain | | | | | |
| Heat Loss | | | | | |

Cost of Construction / Installation

\$

HVAC PERMIT FEES:

\$75.00 for First System

PLUS \$50.00 for each additional system.

System 1

\$ 75.00

(How many additional systems)? _____ X \$50.00 =

\$

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.

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