

# HEATING, VENTILATING, AIR CONDITIONING REFRIGERATION APPLICATION

Issue Date: \_\_\_\_\_

**City Of Proctor**, Building Inspection Division

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

IMPORTANT - Complete ALL items. Mark boxes where applicable.

<b>LOCATION OF BUILDING</b>	Street Address		Plat & Parcel
	Legal Description		
	Lot	Subdivision	

## TYPE AND COST OF INSTALLATION

**A. TYPE OF IMPROVEMENT**

- 1  New building
- 2  Addition (If residential, enter number of new housing units added, if any, in part D)
- 3  Repair, replacement or Alteration (See 2 above)

**B. OWNERSHIP**

- 1  Private (individual, corporation, nonprofit institution, etc.)
- 2  Public (Federal, State, or local government)

**D. PROPOSED USE** - For "Wrecking" most recent use.

**RESIDENTIAL**

- 01  One family
- 02  Two family
- 03  Three family
- 04  Four family
- 05  Five or more family
- 06  Transient hotel, motel  
or dormitory - Enter number of units \_\_\_\_\_
- 07  Other - Specify \_\_\_\_\_

**NON-RESIDENTIAL**

- 09  Amusement, recreational
- 10  Church, other religious
- 11  Industrial
- 12  Parking garage
- 13  Service station, repair garage
- 14  Hospital, institutional
- 15  Office, bank, professional
- 16  Public utility
- 17  School, library, other educational

Owner or Agent's Name \_\_\_\_\_

**C. PRINCIPAL TYPE OF HEATING FUEL**

- 1  Gas
- 2  Oil
- 3  Electricity
- 4  Coal
- 5  Other - Specify \_\_\_\_\_

Describe in detail the scope of Heating, Ventilating, Air Conditioning & Refrigeration Work

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CHECK TYPE OF SYSTEM	WARM AIR PLANTS		AIR CONDITIONING <input type="checkbox"/>	HEATING OR POWER PLANT		SPECIAL DEVICES <i>(Specify Use)</i>	OTHER DEVICES
	GRAVITY <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	PARTIAL COOLING <input type="checkbox"/>	STEAM <input type="checkbox"/>	HOT WATER <input type="checkbox"/>		
↔	Summer <input type="checkbox"/>	Winter <input type="checkbox"/>	All Year <input type="checkbox"/>	Boiler	Radiation		
MAKE							
SIZE NO.							
CONN. LOAD							
FUEL							
FLUE DIA.							
SUPPLY OPNS.							
RETURN OPNS.							
CAPACITY	INPUT						
	CFM						
	TONS						
	EDR						
	BTU						
HP							
EQUIP. COOLED			Air <input type="checkbox"/> Liquid <input type="checkbox"/>				

**ESTIMATED VALUATION \$** \_\_\_\_\_

Fee \_\_\_\_\_

Plan Checking Fee \_\_\_\_\_

State Surcharge \_\_\_\_\_

**TOTAL FEE** \_\_\_\_\_

In consideration of the issue and delivery to me by the Building Inspector of the City of Proctor a permit to install the Heating, Ventilating, Air Conditioning, and/or Refrigeration work indicated above, I agree to do said proposed work in strict accordance with all City Ordinances and applicable State Regulations relative to same, and, that when the work is ready, I shall notify the Department of Building Inspection, requesting that an examination be made of said work, as required by City Ordinance and State Regulation.

Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_