



City of Berea

Department of Codes and Planning
 212 Chestnut Street · Berea, Kentucky 40403
 (859) 986-8528 · Fax (859) 986-7657

Permit No. _____
 Cost of Permit _____
 Date _____

HVAC CONSTRUCTION PERMIT APPLICATION: ONE & TWO FAMILY DWELLINGS

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

Location _____
 (Street) (City) (Subdivision)

Owner's Name _____ Address _____

CHECK EACH BOX THAT APPLIES: New Construction Existing Unit Single Family Unit Duplex
 Mobile Home Modular Other

First system \$105.00 PLUS (# _____ of additional systems X \$50.00 = _____) = _____ Total Permit Cost

Date of Sizing Calculations _____ Orientation of Structure _____

Summer Design Conditions _____ Winter Design Conditions _____

Square Footage System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

Heat Gain System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

Heat Loss System 1 _____ System 2 _____ System 3 _____ System 4 _____ System 5 _____

Inspections	Date	Inspector	Remarks & Notes

The City of Berea Codes Enforcement Office 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 shall be your responsibility to notify the Department immediately.

AFFIDAVIT OF ASSURANCES: Pursuant to KRS 198B.060(10), all contractors/subcontractors employed or that will be employed on any activity under the project referenced herein shall be in compliance with the Commonwealth of Kentucky requirements for Workers Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341.) By signing this document and including license numbers you are affirming your acceptance of this requirement.

Master HVAC / Homeowner Signature _____ License No. _____

Complete Address _____

Office / Home Phone Number _____ Mobile Phone Number _____

Company Name _____ Value of Project _____ Email _____