

# City of Cleveland

## HVAC Permit Application

*This form must be filled out completely in black or blue ink.  
The permit will be faxed to the applicant after it has been issued.*

Date: \_\_\_\_\_ Residential/Commercial: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_ Contractor Fax Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ State HVAC License Number: \_\_\_\_\_

Item	Fee	Number of
Issuing Fee	\$25.00	1
Residential Heat & Air Conditioning	\$8.00/per ton	
Commercial Heat & A/C - First 25 tons	\$8.00/per ton	
Commercial Heat & A/C - Each ton over 25	\$4.00/per ton	
Exhaust for greater than 2000 CFM	\$35.00	

**If paying by credit card complete the required information below.**

Please Circle One: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

### Office Use Only

Permit Number: \_\_\_\_\_

Total: \_\_\_\_\_ Signature of City Employee: \_\_\_\_\_



