



City of Mentor

Application for Heating, Ventilating, AC, or Refrigeration Permit

PLEASE NOTE: INSPECTIONS MUST BE SCHEDULED 24 HOURS IN ADVANCE

Project Information (Print/Type)

Project Address: _____
 Owner: _____
 Phone Number: _____ Cell Number: _____

HVAC Contractor Information: (Print/Type)

Company Name: _____
 Contact Person: _____ Mentor Registration # _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____ Fax #: _____ Cell #: _____ Email: _____

**IF THIS HVAC WORK RELATES TO A CURRENT BUILDING PERMIT THE FOLLOWING FORMULA APPLIES:
 A FLAT \$40.00 FEE + \$3.00 PER 100 SQUARE FEET OR**

<u>NO.</u>	<u>FEE</u>
_____	\$20.00 FLAT FEE 1, 2 & 3 FAMILY RESIDENTIAL PERMITS + A \$50.00 DEPOSIT IS REQUIRED
_____	\$40.00 FLAT FEE FOR OBC PERMITS + A \$100.00 DEPOSIT IS REQUIRED
_____	\$10.00 EACH HEATING OR COOLING APPLIANCE OR UNIT 150,000 B.T.U. OR LESS
_____	\$20.00 EACH HEATING OR COOLING APPLIANCE OR UNIT OVER 150,000 B.T.U.
_____	\$10.00 EACH VENTILATING SYSTEM
_____	\$10.00 EACH HYDRONIC HEATING SYSTEM
_____	\$10.00 EACH HEATING EXCHANGER
_____	\$10.00 EACH HOT WATER STORAGE TANK
_____	\$10.00 EACH DUCT SYSTEM
_____	\$10.00 FUEL STORAGE RESIDENTIAL
_____	\$10.00 FUEL BULK STORAGE TANK, COMMERCIAL OR INDUSTRIAL, ABOVE OR BELOW GROUND
_____	\$10.00 EACH MASONRY CHIMNEY OR EQUIPMENT VENT
_____	\$10.00 EACH COMMERCIAL KITCHEN EXHAUST SYSTEM
_____	\$10.00 EACH VENT CONNECTOR
_____	\$10.00 EACH DECORATIVE FUEL BURNING APPLIANCE
_____	\$10.00 EACH RANGE, OVEN OR GAS LIGHT
_____	\$10.00 EACH EVAPORATIVE COOLER OR CHILLER
_____	\$10.00 EACH HUMIDIFIER

GAS PIPING: (NATURAL, PROCESS OR OTHER TYPE)

_____	\$5.00 PER 100 LINEAL FEET UP TO 1" DIAMETER
_____	\$10.00 PER 100 LINEAL FEET OVER 1" DIAMETER
_____	\$10.00 PER EACH GAS OUTLET

Describe Work _____ **Valuation of Work \$** _____

Application is hereby submitted to perform the work described in this application. It is hereby specifically agreed that the signatories and their assigns shall comply with all Codes and Ordinances of the City of Mentor, State of Ohio, and all the conditions of plan approval, and applicant further agrees to cause to schedule all required inspections and obtain approvals prior to concealing work. This application submittal is a public record pursuant to the provisions of the Ohio State Open Records Act and a legal document. Purposely filing false or misleading information is a violation of City and State Ordinances and may be cause to void any permit. Additional information in the form of Plans or other Construction Documents will be required to review and approve your application. By signing the applicant affirms they are the owner or authorized to act as the owner's agent.

APPLICANT'S SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

OFFICE USE ONLY: PERMIT FEE: \$ _____ S.A.F. FEE: \$ _____ DEPOSIT: \$ _____ AMT. DUE: \$ _____

Parcel Number(s): _____ Ward: _____ Census Tract: _____

(REVISION 05/2015 ALL OTHER VERSIONS ARE OBSOLETE)

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