



HVAC Application for Residential Dwellings

Campbell County & Municipal Planning & Zoning Commission

1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868

www.campbellcountyky.org

1. Project Located In:

- Unincorporated Campbell County or in the City of:
- | | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alexandria | <input type="checkbox"/> Bellevue | <input type="checkbox"/> California | <input type="checkbox"/> Cold Spring | <input type="checkbox"/> Crestview |
| <input type="checkbox"/> Dayton | <input type="checkbox"/> Highland Heights | <input type="checkbox"/> Melbourne | <input type="checkbox"/> Mentor | <input type="checkbox"/> Silver Grove |
| <input type="checkbox"/> Southgate | <input type="checkbox"/> Wilder | <input type="checkbox"/> Woodlawn | | |

2. Project Address: _____

3. Project (Business) Name: _____

4. PIDN: **999-99-**____ - ____ - ____ . ____ (Parcel Identification Number from deed, tax bill, or from PVA's office)

5. Subdivision: _____ Lot #: _____

6. Property Owner's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

7. Contractor's Name: _____

Business Name: _____

Ky Master HVAC License #: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

Occupational Tax License #: _____ County: _____ City: _____

8. Check all boxes that apply:

- | | | | |
|---|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Replacement | <input type="checkbox"/> Geothermal System | <input type="checkbox"/> Heat Pump |
| <input type="checkbox"/> Gas Forced Air | <input type="checkbox"/> Other: _____ | | |

9. Will any duct be located in an unconditioned area? Yes No

If yes, you will be required to complete Duct Tightness Verification.

10. Estimated Job Cost: \$ _____

11. Total Permit Fee: \$ _____

\$105 for first system (1 Heating Unit Plus 1 Cooling Unit) PLUS \$50 for each additional system Total # of Additional Units: _____

12. Date of Sizing Calculations: _____ Orientation of Structure: _____

Summer Design Conditions: _____ Winter Design Conditions: _____

Description:	System #1	System #2	System #3	System #4	System #5
Square Footage:					
Heat Gain:					
Heat Loss:					

13. **SIGNATURE:** I hereby certify that I am requesting this permit on behalf of all owners of the property and that the information contained in this application and attachments is true and correct and that any misrepresentations or misstatement of facts shall be grounds for denial or revocation of the permit.

No work shall begin until the proper permits have been issued. If work begins prior to issuance of a permit, all fees may be subject to a penalty equal to the total cost of the permit. The applicant is responsible for meeting all requirements of the Kentucky Building Code and local zoning ordinances. All fees are nonrefundable.

We are 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 us immediately.

Print Name

Applicant's Signature Date

The following documents are **required** to be submitted with all applications for **new construction**.

- Two (2) copies of duct layout *[Three (3) sets if located within the City of Alexandria.]*
- Two (2) copies of load calculations *[Three (3) sets if located within the City of Alexandria.]*

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s:

Building: _____
HVAC: _____

FEE	DESCRIPTION	CODE
\$	HVAC Permit	See Below
\$	Other	LATEPEN / CREDITCARD
\$	TOTAL AMOUNT DUE	

DATE RECD: _____

- Approved
- Approved with conditions
- Denied

Current Zone: _____

- HVACONE 1-2 Family Dwelling
- HVACAD1 1-2 Family Dwelling additional units
- HVACMUL Multi-Family Dwelling
- HVACMF1 Multi-Family Dwelling additional units

Processed By: _____

- Cash
- Check #: _____

Check Name: _____