132 North Elmwood Ave., Medina, Ohio 44256
Telephone 330-722-9030 Fax 330-764-4385 www.medinaoh.org

Heating, Ventilation, and Air Conditioning

PERMIT APPLICATION

HVAC

Permit No.: **Fee:** **Date Issued:**

Pursuant to this signed application and the approved plans, proposed equipment shall be installed in compliance with all provisions and rules of the Ohio Board of Building Standards; City of Medina Codified Ordinances; and product manufacturer's installation requirements.

The issuance and acceptance of this permit shall constitute an agreement on the part of the applicant to abide by all conditions herein contained, and comply with all ordinances of the City of Medina, and laws of the State of Ohio, relating to the work to be done.

Issued By _____ Date _____
Building Official

APPLICANT TO COMPLETE THIS SECTION

***REQUIRED FIELDS**

***LOCATION** of project: _____

***Owner:** _____

Address _____ City _____ State ____ Zip _____

E-mail _____ Phone No.: _____

***Contractor:** _____ ***Registration #:** _____

Address _____ City _____ State ____ Zip _____

E-mail _____ Phone No.: _____

***TYPE OF WORK:** ☐ NEW ☐ ALTERATION ☐ ADDITION ☐ REPLACEMENT ☐ OTHER_____

***TYPE OF FUEL:** ☐ GAS ☐ OIL ☐ ELECTRIC ☐ SOLAR ☐ WOOD ☐ COAL ☐ OTHER _____

***TYPE OF EQUIPMENT:** ☐ FORCED AIR ☐ ELECT BSBRD ☐ FIREPLACE ☐ FURNACE ☐ HEAT PUMP ☐ A/C ☐ RTU

BOILER*/ HYDRONIC / STEAM ☐ PANEL ☐ SOLAR ☐ OTHER _____

*An ASSE 1013, reduced pressure backflow device is required on ***all*** boilers. MCO Ch. 919.13 (Ord. 134-00. Passed 7-10-00.)

***EQUIPMENT MANUFACTURER:** _____ **ARE PLANS BEING SUBMITTED?** ☐ **YES** ☐ **NO**

***DOES THIS PROJECT REQUIRE CARBON MONOXIDE ALARMS?** _____ **YES** _____ **NO**
(per Section 315 of the 2013 Residential Code of Ohio)

***SCOPE OF WORK:** _____

The Owner or Authorized Agent of the Owner and undersigned, hereby covenant and agree to comply with the laws of the State of Ohio and the ordinances of the City of Medina, Ohio, pertaining to the work for which this permit is being issued. The undersigned certifies that the information and statements given on this application, the submitted plans, specifications, and manufacturer's instructions are to the best of their knowledge, true and correct. **Undersigned accepts responsibility for requesting all required inspections in a timely manner.**

***Signature of Applicant**_____ ***DATE** _____
(SIGNATURE OF OWNER, CONTRACTOR, OR AUTHORIZED AGENT)

***Print Name of Applicant** _____

rev 2020 sj