

VILLAGE OF BROOKLYN HEIGHTS

Department of Building and Housing
345 Tuxedo Avenue

Brooklyn Heights, Ohio 44131

Office: 216-749-4300 • Fax: 216-741-3753

FOR INSPECTIONS CALL: 216-749-4300

PLAN REVIEW: Y N

DATE OUT: _____

DATE BACK: _____

OFFICE USE ONLY

**BUILDING
PERMIT NUMBER**

_____ H

PERMIT \$ _____

STATE \$ _____

TOTAL \$ _____

OFFICE USE ONLY

**APPLICATION FOR PERMIT
HEATING, A/C, VENTILATION & REFRIGERATION**

APPLICATION DATE: _____

ADDRESS OF INSTALLATION: _____

RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER: _____

OWNER NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

ESTIMATED COST OF WORK [MATERIAL PLUS LABOR] \$ _____

**DESCRIPTION AND SCOPE OF PROPOSED WORK. FOR COMMERCIAL & INDUSTRIAL
PROJECTS, INDICATE SQUARE FOOTAGE OR AREA ALTERED.**

<input style="width: 100%; height: 100%;" type="text"/>	SQUARE FEET – DESCRIPTION OF WORK: _____ _____ _____ _____ _____
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THE UNDERSIGNED, BEING THE REGISTERED CONTRACTOR OR THE PROPERTY OWNER, DOES HEREBY
AGREE TO INSTALL THE ABOVE NOTED WORK IN ALL RESPECTS IN COMPLIANCE WITH THE BUILDING CODES
OF THE VILLAGE OF BROOKLYN HEIGHTS.

**PLEASE PRINT NAME OF
CONTRACTOR OR OWNER:** _____

Heating, A/C, Ventilation & Refrigeration Application Instructions

1. ADDRESS OF INSTALLATION: _____ This is the address where the work will be completed. Include floor number or suite number to further locate the installed work, .eg. Basement, 3rd Floor, or Throughout.

2. OWNER NAME: _____
ADDRESS/PHONE/EMAIL: _____ This is the property owner's name, address, phone number and email. Note that the business owner may not be the same as the property owner. Please provide the entire street name, including Street, Avenue, Road, etc., and the area code for your phone.

3. CONTRACTOR: _____
ADDRESS/PHONE/EMAIL: _____ This is the name, address, and phone number of the registered (i.e. licensed, bonded, and insured) HVAC, hydronics or refrigeration contractor who will install the work. If this is an Owner's permit, insert "Owner" on the line provided.

4. ESTIMATED COST OF WORK: [MATERIAL AND LABOR] \$_____ This is the estimated value of the installed work, including all labor, materials, overhead and profit.

5. DESCRIPTION AND SCOPE OF PROPOSED WORK: For commercial and industrial alterations and additions, indicate the area to be added or altered by entering the square footage in the box provided. Give a general description of the work, e.g. "Install new rooftop heating and cooling unit and ductwork".

CONTRACTORS OR OWNER'S SIGNATURE: _____
The application must bear an original signature, in ink, of the registered HVAC, hydronics or refrigeration contractor. If this is an Owner's Permit, the signature must be the owner's.

What do I do with the application when I've completed it?

Completed applications, a check for fees (made payable to the Village of Brooklyn Heights), and plans (if required) may be delivered in person or mailed to:

Village of Brooklyn Heights
Building Department
345 Tuxedo Avenue
Brooklyn Heights, Ohio 44131

What if I need Help?

Any questions can be answered by calling (216) 749-4300.

SITE PLAN DRAWING

ADDRESS: _____

