



**THE CITY OF PAINESVILLE**

COMMUNITY DEVELOPMENT DEPARTMENT  
7 RICHMOND STREET  
Phone: (440) 392-5931, Fax: (440) 392- 0981

**RESIDENTIAL HVAC PERMIT APPLICATION**

If mailing in application, a self-addressed stamped envelope (SASE) must be submitted. All checks to be made payable to the City of Painesville.

**Address of Project:** \_\_\_\_\_

**Scope of Work:** \_\_\_\_\_

Design Review District \_\_\_\_\_  Designated Flood Hazard Area  Single Family  Multi Family (2-3)

Equipment being installed:  Outside of building  Inside of building Additional Info: \_\_\_\_\_

Valuation: \_\_\_\_\_ Building Permit # \_\_\_\_\_

**Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **OCILB License:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Residential	Quantity	Unit Price	Total
New construction or additions	sq. ft.	\$50 + \$2.50/100 sq ft	
Single Family Heating Unit Replacement—each system		\$25.00	
Single Family Air Conditioning Unit Replacement—each system		\$25.00	
Residential (2-3 Family) heating replacement		\$75.00	
Residential (2-3 Family) air conditioning replacement		\$75.00	
Space Heater/thru-wall heater		\$35.00	
Gas piping associated with mechanical equipment		\$25.00	
<b>SUBTOTAL</b>			
Surcharge		1% of subtotal	
Plan Review Fee (if applicable)		TBD	
<b>TOTAL</b>			

**Notes:** \_\_\_\_\_

**All work related to this application shall be in conformance with State and Local Regulations**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**THE CITY OF PAINESVILLE**

COMMUNITY DEVELOPMENT DEPARTMENT  
7 RICHMOND STREET  
Phone: (440) 392-5931, Fax: (440) 392- 0981

**COMMERCIAL HVAC PERMIT APPLICATION**

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**Address of Project:** \_\_\_\_\_

**Scope of Work:** \_\_\_\_\_

Design Review District \_\_\_\_\_  Designated Flood Hazard Area

Equipment being installed:  Outside of building  Inside of building Additional Info: \_\_\_\_\_

Valuation: \_\_\_\_\_ Building Permit # \_\_\_\_\_

**Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **OCILB License:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Commercial/Industrial	Quantity	Unit Price	Total
<b>New</b> construction or additions	sq. ft.	\$75 + \$2.50/100 sq ft	
<b>Replacement:</b>			
Commercial/Industrial Unit Heaters (\$35/each additional)		\$50.00	
Commercial/Industrial Refrigeration Systems (\$35/each additional)		\$50.00	
Space Heater/Thru-Wall Heater		\$35.00	
Ventilation Duct System		\$35.00	
Gas piping associated with mechanical equipment		\$25.00	
<b>SUBTOTAL</b>			
Surcharge		3% of subtotal	
Plan Review Fee (if applicable)		TBD	
<b>TOTAL</b>			

**Notes:** \_\_\_\_\_

**All work related to this application shall be in conformance with State and Local Regulations**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_