HAMILTON COUNTY, OHIO

MECHANICAL APPLICATION
FOR ONE, TWO & THREE FAMILY RESIDENTIAL REPLACEMENTS
(WITH NO CONCURRENT CONSTRUCTION WORK)

DEPARTMENT OF BUILDING INSPECTIONS
ROOM 801, 138 E. COURT STREET
CINCINNATI, OHIO 45202
(513) 946-4550 (FAX) 946-4511

APPLICATION NO.
DO NOT WRITE IN THIS SPACE

PROJECT INFORMATION

COMPLETE NUMBERED ITEMS & SIGN USE BALL POINT PEN OR TYPE

1 PROJECT ADDRESS _____ Zip Code _____ Township/Municipality _____

2 NAME	**STREET ADDRESS**	**CITY**	**ST**	**ZIP CODE**	**PHONE NO.**
OWNER					
MECH. CONTR.					

3 DESCRIBE THE WORK:

☐ REPLACE HEATING ☐ REPLACE A/C ☐ NEW A/C ☐ MODIFY DUCTWORK ☐ OTHER _____

ESTIMATED COST: _____ EST. INSTALLATION DATE: _____

4 TYPE OF MECHANICAL EQUIPMENT: (CIRCLE EQUIPMENT & FILL IN BLANKS ON THAT LINE)

A. ☐ HEATING: FURNACE / UNIT HEATER — NO. UNITS ____ MANUFACTURER NAME ____ MODEL NO. ____ FUEL ____ INPUT BTU ____

B. ☐ COMBO HTG./ A.C. HEAT PUMP — NO. UNITS ____ MANUFACTURER NAME ____ MODEL NO. ____ FUEL ____ C BTU ____ H BTU ____

INTERIOR — NO. UNITS ____ MANUFACTURER NAME ____ MODEL NO. ____ FUEL ____ C BTU ____ H BTU ____

EXTERIOR ROOF TOP — NO. UNITS ____ MANUFACTURER NAME ____ MODEL NO. ____ FUEL ____ C BTU ____ H BTU ____

C. ☐ AIR CONDITIONING GROUND EXT. RTU — NO. UNITS ____ MANUFACTURER NAME ____ MODEL NO. ____ FUEL ____ BTU ____

D. ☐ OTHER _____ — NO. UNITS ____ MANUFACTURER NAME ____ MODEL NO. ____ FUEL ____ INPUT BTU ____

5 EXIST. EQUIPMENT TO BE REMOVED TYPE ____ FUEL ____ INPUT BTU ____ OUTPUT BTU ____

UNUSED OPENINGS IN ANY VENTING SYSTEM SHALL BE CLOSED OR CAPPED

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the resolutions of the County of Hamilton, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK.

MECHANICAL CONTRACTOR'S PRINTED NAME & COMPANY _____ HOME OWNER'S PRINTED NAME _____

MECHANICAL CONTRACTOR'S SIGNATURE _____ DATE _____ HOME OWNER'S SIGNATURE _____ DATE _____

INSPECTION NOTES

A. DUCT AT PLENUM: SUPPLY ☐ RETURN ☐

B. COMBUSTION AIR: (HIGH & LOW) 8' CLG ROOM ☐ OUTDOOR AIR HORZ ☐ VERT ☐ INDOOR AIR TRANSFER GRILL ☐

C. FURNACE / AC: AS ON APPLICATION ☐

D. PROPER CLEARANCE OF DUCTS & PLENUMS ☐ FROM COMBUSTIBLES ☐

E. OIL OR TANK LOCATION ☐

F. FLUE AND CLEANOUT ☐

G. FLUE DAMPER Mfgr. _____ ☐ Model No. _____ ☐

H. CLEARANCES FOR SERVICING EQUIP ☐

I. AIR-CONDITION ☐

COPY OF MFGR PRE PRINTED INSTALLATION INSTRUCT'S AVAIL. @ SITE ☐

J. PROPER DIRECTION OF CONDENSER-AIR DISCHARGE ____ ☐

K. FINAL ELECTRIC ____ ☐

L. CARD MAILED TO OWNER ____ ☐

M. FIELD ORDER ISSUED ____ ☐

N. RECEIVED $50 REINSPECTION FEE ____ ☐

O. RE-INSPECTION ____ ☐

P. CC ISSUED ____ ☐

INSTALLATION INSPECTION BY _____ **DATE** _____

DATE PERMIT ISSUED _____ PERMIT NUMBER _____ TOTAL PERMIT FEE _____ LESS PRE-PAYMENT AMOUNT DUE _____