

**COMMERCIAL HVAC PERMIT APPLICATION  
EUCLID BUILDING DEPARTMENT**

**Work Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**Property Owners Name** \_\_\_\_\_

**Property Owner's Phone #** \_\_\_\_\_

**Contractor's Name** \_\_\_\_\_

**Contractor's Address** \_\_\_\_\_

**Contractor's Phone#** \_\_\_\_\_

**Describe Work Being Done** \_\_\_\_\_

**Estimated Cost:** \$ \_\_\_\_\_

**Is This Permit Associated With A General Construction Permit?** Yes No

**If Yes, What Is The Permit Number** \_\_\_\_\_

**Are There Attached Plans With The Application?** Yes No

**PLEASE MARK ALL APPLICABLE ITEMS**

New heating, ventilation, air conditioning?	YES / NO
Number of square feet	
Additions to; alteration to; replacement of; heating, ventilation, air conditioning?	YES / NO
Number of square feet	
Repair of heating, ventilation, air conditioning system	YES / NO

Signature below is of an authorized representative of the license holding Contractor. The Contractor does hereby agree to install the above work in compliance with the codified ordinances of the City of Euclid.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

OFFICE USE ONLY

Inspection Notes	

Final Inspection Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Inspector's Name