



APPLICATION FOR HVAC PERMIT

Building Commission
500 Quartermaster Ct., Ste. 200; Jeffersonville, Ind. 47130
Phone: 812-285-6415 • Fax: 812-285-6468
www.cityofjeff.net

Date: _____

1. Location information

- Address of job: _____ Lot #: _____
- Contractor: _____
- Contractor address: _____ City _____ State _____
- Office phone: _____ Cell phone: _____ Email: _____
- Contractor license number: _____

2. Property information

- Property Owner: _____
- Address: _____ City _____ State _____
- Phone: _____ E-mail: _____

3. Project details

HEATING

- Fuel to be used _____
- Name of unit _____
- Number of units _____

AIR CONDITIONING

Tonage _____ Name of unit _____

Are the heating/air units: _____ New
_____ Replacement

X _____
(signature of license holder) (date)