



Russell Segraves
Building Commissioner

812-285-6415 office
812-285-6468 fax

Robert L. Waiz, Jr.
Mayor

APPLICATION FOR HVAC PERMIT

500 Quartermaster Court Avenue
Jeffersonville, IN 47130

DATE: _____

LOCATION: _____
(address of job)

CONTRACTOR: _____
(name of company or individual)

(address)

(city, state and zip code)

CONTRACTOR LICENSE #: _____

PROPERTY

OWNER: _____
(name)

(address)

(city, state and zip code)

HEATING

Fuel to be used _____

Name of Unit _____ # of Unit Heaters _____

Supply and Returns _____

Location of Furnace _____ Flue _____

AIR CONDITIONING

Tonage _____

Brand _____

Please Check One:

_____ New _____ Replacement

Permit issued by _____

(Applicant Signature and Phone Number)