



RESIDENTIAL HVAC PERMIT APPLICATION

Inspection request must be scheduled by 4:30 pm the previous day.

Office hours Monday - Friday 8:00 AM-4:30 PM.

Property Owner & Address:	Contractor & Address:	Project Address:
_____	_____	_____
_____	_____	_____
_____	_____	Lot Number: _____
Phone: () _____	Phone: () _____	Subdivision: _____
Mobile: () _____	Mobile: () _____	Parcel ID: _____
Fax: () _____	Fax: () _____	County: _____
Email _____	Email _____	

Type of fuel: Gas Electric Oil Propane Mix

Type of installation: New Replacement Alteration

ITEM	Number	Price	Amount
Processing Fee	1	\$ 34.25	\$ 34.25
New Furnace Unit Each		\$ 26.00	
New A/C Heat Pump Each		\$ 26.00	
Ductwork		\$ 26.00	
Unit Heaters Each		\$ 34.25	
Furnace Replacement Each		\$ 34.25	
A/C Heat Pump Replacement Each		\$ 34.25	
Rough Inspection Each		\$ 26.00	
Final Inspection Each	1	\$ 26.00	\$ 26.00
		SUBTOTAL	
State Residential Surcharge (1%)			
		TOTAL:	

Applicant Signature: _____ Date: _____

Printed Name: _____

NOTES: _____

ALL FIELDS MUST BE COMPLETED AND LEGIBLE
(any missing information will hold up the permit process.)

Current fee schedule effective 01/01/2012 till 12/31/2012

Revised 12/11

City of Springboro
320 W. Central Avenue
Springboro, Ohio 45066
Phone 937-748-9791
Fax 937-748-6860
www.ci.springboro.oh.us