



CITY OF ANDERSON HVAC Permit Application

Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018
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Kevin Smith, Mayor

Print in Ink • Incomplete Applications Will Not Be Processed • Permit Valid for One Year

1. LOCATION OF CONSTRUCTION ACTIVITY Address: _____ Lot: _____ Subdivision: _____	6. TYPE OF SYSTEM <input type="checkbox"/> Energy Source _____ <input type="checkbox"/> Furnace, Boiler Unit, Etc Number of Units: _____ Average BTU Size of Each: _____ <input type="checkbox"/> Gas Piping <input type="checkbox"/> Electrical <input type="checkbox"/> Class 1 Structure Cooking Hood Number of Units: _____ Size of Each Unit: _____ Suppression System: _____ <input type="checkbox"/> Exhaust Fan over 2,000 cfm – How many? _____ <input type="checkbox"/> Air Conditioning Number of Units: _____ Average BTU Size of Each: _____ <input type="checkbox"/> Cooling Tower Number of Units: _____ Capacity of Each: _____ <input type="checkbox"/> Process Water Piping - How many feet? _____ Plans Provided <input type="checkbox"/> Yes <input type="checkbox"/> No Total Cost of Job: _____
2. PROPERTY OWNER INFORMATION Name: _____ Address: _____ Telephone: (____) ____ - _____ Fax: (____) ____ - _____	7. ADDITIONAL DETAILS A. Is there a Structural Building Permit Already Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No Bldg. Sq. Ft.: _____ B. General Contractor Name: _____ C. Other: _____
3. INDICATE USE OF STRUCTURE <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial or Warehousing	FOR OFFICE USE ONLY <input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied Date Approved: _____ Initials: _____ <input type="checkbox"/> Special Conditions _____
4. CONTRACTOR INFORMATION Company: _____ Address: _____ Telephone: (____) ____ - _____ Fax: (____) ____ - _____ Registered Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ Contact Person: _____ Immediate Contact Telephone: (____) ____ - _____ Email: _____ <i>I certify the information on this form is complete and accurate.</i> _____ Date: _____ Signature of Property Owner or Authorized Agent of Contractor	5. NATURE OF WORK TO BE CARRIED OUT Start Date: _____ Completion: _____ New Installation <input type="checkbox"/> Furnace(s) <input type="checkbox"/> AC Unit (s) Replacement including upgrade <input type="checkbox"/> Furnace(s) <input type="checkbox"/> AC Unit (s) <input type="checkbox"/> Duct work -Are smoke or fire dampers to be installed? _____ <input type="checkbox"/> Other _____