

City of Madisonville

67 North Main Street

Madisonville, KY 42431

Phone 270-824-2196 Fax 270-824-2197



Permit No _____

Date _____

HVAC CONSTRUCTION PERMIT APPLICATION:

It is expressly understood and the applicant states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

_____ SINGLE FAMILY DWELLING

_____ MULTI-FAMILY DWELLING

_____ COMMERCIAL BUILDING

Location/Address _____ Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

CHECK EACH BOX THAT APPLIES:

_____ New Construction _____ Existing Unit _____ Single Family Unit _____ Duplex _____ Other

First Residential System \$105.00, PLUS (_____ # of additional systems X \$50.00 = _____) Equals _____ Total Permit Cost
Commercial Project Cost _____ (see [HVAC Fee Schedule](#)).

Date of Sizing Calculations _____ Orientation of Structure _____

Summer Design Conditions _____ Winter Design Conditions _____

Square Footage System 1 _____ System 2 _____

Heat Gain System 1 _____ System 2 _____

Heat Loss System 1 _____ System 2 _____

(1) Equipment Type _____ Gas _____ Oil _____ Electric _____ Water to Air

(2) Equipment Size _____

(3) Supply Duct Size/Type of Material _____

(4) Return Duct Size/Type of Material _____

(5) Pipe(s) Size/Type of Material _____

*Submit documentation necessary to support sizing calculations.

**If any portion of the HVAC system is below ground or concealed, the concealed portion of the system shall be inspected and approved prior to covering.*

(6) Heating/Air Vents: _____ Type _____ Material _____ Size _____

(7) Clothes Dryer Vents: _____ Type _____ Material _____ Size _____

(8) Bathroom Fan Vents: _____ Type _____ Material _____ Size _____

(9) Combustion Air: _____ Type _____ Source: _____ Indoor _____ Outdoor _____ Size _____

(10) Exhaust System(s): _____ Type _____ Material _____ Size _____

The City of Madisonville is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it will be your responsibility to notify the City immediately. The above information is, to the best of my knowledge, true and correct. It is understood and agreed that any error, misstatement or misrepresentation of fact, or any alteration or change in plans after issuance of the HVAC permit, shall constitute sufficient grounds for the revocation of the permit.

Master HVAC/Homeowner Signature _____ License No: _____

Complete Address _____ City _____ State _____ Zip _____

Office/Home Phone Number _____ Mobile Phone _____

Email Address _____ Fax _____

OFFICE USE ONLY

Concealed Inspection _____ Rough-In Inspection _____ Final Inspection _____

Associated Building Permit # _____ Date Permit Paid _____ Date Permit Issued _____

Notes: *JULY 1st 2015, DUCT BLAST TEST IS REQUIRED FOR DUCTWORK IN NONCONDITIONED SPACES FOR RESIDENTIAL -PER-2009 IECC.*