

VILLAGE OF EVENDALE
DEPARTMENT OF BUILDING COMMISSIONER
MECHANICAL, FIRE SUPPRESSION, & STORAGE TANK INSTALLATIONS

APPLICATION NUMBER _____

APPLICANT – COMPLETE ALL APPLICABLE SPACES ON THIS FORM.

ADDRESS: _____ TYPE OF CONSTRUCTION _____ USE GROUP _____

IDENTIFICATION	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE
OWNER						
APPLICANT						
CONTRACTOR						
PLANS BY						

TYPE OF MECHANICAL EQUIPMENT (describe & show number of units to be installed):

A. Furnace _____ Trade Name _____ Model No. _____ Fuel _____

B. Boiler _____ Trade Name _____ Model No. _____ Fuel _____

C. Unit Heater _____ Trade Name _____ Model No. _____ Fuel _____

D. Conversion Burner – Trade Name _____ Model No. _____ Fuel _____ Input Btuh _____

E. Incinerator – Trade Name _____ Model No. _____ Fuel _____ Location _____

Volume of primary combustion chamber _____ cu.ft..

F. Air Cond.-Electric _____ Trade Name _____ Model No. _____ Btuh _____

G. Air Cond. – Gas _____ Trade Name _____ Model No. _____ Btuh _____
C Btuh _____

H. Heat Pump _____ Trade Name _____ Model No. _____ H. Btuh _____

I. Unit Ventilator _____ Trade Name _____ Model No. _____ CFM _____

J. Fan _____ Trade Name _____ Model No. _____ CFM _____

K. Make up heater-type _____ Trade Name _____ Model No. _____

L. Storage Tank Fuel Oil _____ Waste Oil _____ Gasoline _____ Gal _____ Location _____

M. Accessory equipment _____

N. Automatic sprinkler _____ Trade Name _____ Area to be Sprinkled _____ Sq Ft.

O. Alterations _____

INSTALLED PRICE OF MECHANICAL EQUIPMENT:

Heating \$ _____ HVAC. \$ _____ Air Cond. \$ _____ Fire Suppression \$ _____ Fire Alarm \$ _____

Storage Tank \$ _____ (if installed separately or if capacity is 1000 gal or more)

4. DESCRIPTION OF WORK TO BE DONE, LOCATION OF EQUIPMENT, ALTERATIONS. ETC. : *** **PROVIDE CALCULATIONS*****

The undersigned being the owner, Mech. or Gen Contractor does hereby agree to install above noted work in all respects in compliance with the laws of the State of Ohio and with the Building Code of Village of Evendale. Items indicated by checkmark and details on reverse side are included in work covered by permit.

APPLICANT SIGN HERE _____ DATE _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

PLANS EXAMINER'S APPROVAL _____ DATE _____

Date permit issued: _____ Permit number: _____ Permit & inspection fee: \$ _____

IMPORTANT: Complete all applicable spaces below, showing data for all rooms in new dwellings and totals only form replacement jobs.

FLOOR	NAME OF ROOM	HEAT LOSS		HEAT GAIN	SUPPLY AIR	RAD- IATION	SUPPLY DUCTS		RETURN DUCTS	
		WARM AIR HOT WATER STEAM	ELECTRIC	AIR COND.	HEATING AND/OR AIR COND.	H.W. OR STEAM	NUMBER OF OUTLETS PER ROOM	BRANCH AREA	GRILLES FREE AREA	DUCT AREA
		BTUH.	WATTS	BTUH	C.F.M.	SQ.FT.		SQ. IN.	SQ. IN.	SQ.IN.
X	X									

[illegible]

Above calculations made by: _____ Date: _____