

# HAMILTON COUNTY, OHIO

## DEPARTMENT OF BUILDING INSPECTIONS

ROOM 801, 138 E. COURT STREET  
CINCINNATI, OHIO 45202

(513) 946-4550

(FAX) 946-4511

### MECHANICAL APPLICATION

FOR ONE, TWO & THREE FAMILY  
RESIDENTIAL  
REPLACEMENTS

(WITH NO CONCURRENT CONSTRUCTION WORK)

### APPLICATION NO.

DO NOT WRITE IN THIS SPACE

#### PROJECT INFORMATION

COMPLETE NUMBERED ITEMS & SIGN USE BALL POINT PEN OR TYPE

#### 1 PROJECT ADDRESS \_\_\_\_\_

Zip Code \_\_\_\_\_

Township/Municipality \_\_\_\_\_

2 NAME	STREET ADDRESS	CITY	ST	ZIP CODE	PHONE NO.
OWNER					
MECH. CONTR.					

#### 3 DESCRIBE THE WORK:

REPLACE HEATING   
 REPLACE A/C   
 NEW A/C   
 MODIFY DUCTWORK   
 OTHER \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

EST. INSTALLATION DATE: \_\_\_\_\_

#### 4 TYPE OF MECHANICAL EQUIPMENT:

(CIRCLE EQUIPMENT & FILL IN BLANKS ON THAT LINE)

A. HEATING:	FURNACE UNIT HEATER	NO. UNITS	MANUFACTURER NAME	MODEL NO.	FUEL	INPUT BTU
B. COMBO HTG./A.C. HEAT PUMP		NO. UNITS	MANUFACTURER NAME	MODEL NO.	FUEL	C BTU H BTU
	INTERIOR	NO. UNITS	MANUFACTURER NAME	MODEL NO.	FUEL	C BTU H BTU
	EXTERIOR ROOF TOP	NO. UNITS	MANUFACTURER NAME	MODEL NO.	FUEL	C BTU H BTU
C. AIR CONDITIONING	GROUND EXT. RTU	NO. UNITS	MANUFACTURER NAME	MODEL NO.	FUEL	BTU
D. OTHER		NO. UNITS	MANUFACTURER NAME	MODEL NO.	FUEL	INPUT BTU

#### 5 EXIST. EQUIPMENT TO BE REMOVED

TYPE \_\_\_\_\_ FUEL \_\_\_\_\_ INPUT BTU \_\_\_\_\_ OUTPUT BTU \_\_\_\_\_

UNUSED OPENINGS IN ANY VENTING SYSTEM SHALL BE CLOSED OR CAPPED

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the resolutions of the County of Hamilton, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

**NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK.**

MECHANICAL CONTRACTOR'S PRINTED NAME & COMPANY \_\_\_\_\_

HOME OWNER'S PRINTED NAME \_\_\_\_\_

MECHANICAL CONTRACTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

HOME OWNER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

#### INSPECTION NOTES

A. DUCT AT PLENUM:	SUPPLY	
	RETURN	
B. COMBUSTION AIR:	8' CLG ROOM	
(HIGH & LOW)	OUTDOOR AIR	HORZ
		VERT
	INDOOR AIR TRANSFER GRILL	
C. FURNACE / AC:	AS ON APPLICATION	
D. PROPER CLEARANCE OF DUCTS & PLENUMS		
	FROM COMBUSTIBLES	
E. OIL OR TANK LOCATION		
F. FLUE AND CLEANOUT		
G. FLUE DAMPER	Mfgr. _____	
	Model No. _____	
H. CLEARANCES FOR SERVICING EQUIP		
I. AIR-CONDITION		

J. PROPER DIRECTION OF CONDENSER-AIR DISCHARGE	
K. FINAL ELECTRIC	
L. CARD MAILED TO OWNER	
M. FIELD ORDER ISSUED	
N. RECEIVED \$50 REINSPECTION FEE	
O. RE-INSPECTION	
P. CC ISSUED	

#### INSTALLATION INSPECTION BY

#### DATE

DATE \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_ TOTAL PERMIT FEE \_\_\_\_\_

LESS PRE-PAYMENT \_\_\_\_\_  
AMOUNT DUE \_\_\_\_\_