



City of South Euclid Building Department

1349 South Green Road, South Euclid, Ohio 44121

Tel. 216-381-0400 Fax 216-291-4959

Heating, Ventilating, Air Conditioning, Permit Application

Contractor / Applicant: _____ Date: _____

Project Address: _____

Owner's Name: _____ Phone No: _____

Description of work: _____ Estimated Cost: _____

Residential: _____ Commercial: _____ Total Sq.Ft. _____ Check#: _____ Cash: _____

	Quan	Unit	Total
Repair/ Replacement of heating, ventilating, A/C systems - per system - Residential		\$35.00	
Repair/ Replacement of heating, ventilating, A/C systems - per system - Commercial		\$60.00	
New Residential Dwelling Structure - Heating only		\$80.00	
" " " " - Any combination of systems		\$100.00	
Addition to HVAC systems per each Residential Dwelling Unit affected - heating, ventilating or A/C		\$50.00	
" " " " " " " " " " - Any combination of systems		\$90.00	
Per each Appurtenant Building or Structure		\$35.00	
Alterations to HVAC systems per each Residential Dwelling Unit affected - heating, ventilating or A/C		\$50.00	
" " " " " " " " " " - Any combination of systems		\$90.00	
Base fee for each dwelling unit affected		\$35.00	
New Commercial (Non Residential) structures - new HVAC Systems - Base fee		\$100.00	
+ Per each 100 sq ft. of fraction thereof of gross floor area		\$4.00	
Addition or alteration to HVAC systems for Commercial Structures - Base fee		\$75.00	
+ Per each 100 sq. ft. of fraction thereof of gross floor area		\$4.00	
SUBTOTAL			
+ Ohio Board of Building Standards Tax Assessment: 1% Residential - 3% Commercial			
TOTAL			

All fees are non-refundable

The acceptance of the permit herein applied for shall constitute an agreement on part to abide by all the conditions of the City of South Euclid Ordinances of the Laws of the State of Ohio relating to the work to be done hereunder. It is further a condition that failure to adhere to these ordinances and/or laws or any falsification of the information herein shall result in revocation of this or any other permit relating to this proposed building.

Telephone # _____ Name (please print): _____

Fax# _____ Signature _____

Email _____ Address _____

City, State, Zip Code _____