



APPLICATION FOR HEATING SYSTEM PERMIT

**Franklin County Division of Building
Call for inspections: 614-525-7307**

**Economic Development & Planning Department
James Schimmer, Director**

For office use ONLY

Permit Number	Date
H-	

Please PRINT

Name of CONTRACTOR:	Name of OWNER/RESIDENT:
Address:	Address:
Zip Code	Zip Code
Phone Number: ()	Phone Number: ()
Address of JOB:	Township
Zip Code	District & Parcel #

Manufacturers Name			Manufacturers Name		
Furnace Cap. Sq. In		No. of A/C		No. of Furnaces	
Input Rating BTU		A/C Capacity Sq. In.		No. of Warm Air Runs	
Output Rating BTU		Input Rating BTU		No. of Radiators	
		Output Rating BTU			

Sub Total of Fees	
Registration Fee	
1% *OBBS Fee	
Estimated Cost of Job	
Total Fee	\$

*OBBS-Ohio Board of Building Standards

Comments:

In consideration of permission granted the applicant does hereby covenant and agrees to install said work in all respects, in compliance with the laws of the State of Ohio, and with the provisions of the Franklin County Building Code relating to heating.

Name/Print	Signature
Address:	City/State
	Date