

PAYMENT: _____
 CHECK # _____
 CARD _____
 CASH _____

ST. JOSEPH COUNTY/SOUTH BEND BUILDING DEPARTMENT
 125 S. LAFAYETTE BLVD. SUITE 100
 SOUTH BEND, INDIANA 46601
 Phone: 574-235-9554/Fax: 574-235-5541

APPLICATION FOR HVAC PERMIT

PERMIT #: BD _____	DATE: _____
PROPERTY ADDRESS: _____	
OWNER NAME: _____	PHONE: _____
MAILING ADDRESS: _____	

PLEASE COMPLETE THE CHART BELOW, NOTING THE QUANTITY OF EACH ITEM ON THE LEFT, AND CALCULATING THE FEES ON THE RIGHT. FIND OUR FEE SCHEDULE AT THE LINK BELOW:
<https://southbendin.gov/wp-content/uploads/2018/07/Fee-Schedule-2020.pdf>

***PROVIDE CFM's PER SYSTEM, NOT TOTAL**

Qty.	Description	Amount	Fees Owed
	Furnaces: Gas: ___ Oil: ___ BTU's: ___ Electric(kw) ___		
	Air Conditioner(s): ___ Tons: ___ Replacement: YES NO		
	Ventilating and Exhaust System: CFM's _____		
	Commercial Hoods (must add MUA as Furnace above) CFM's: _____		
	Refrigeration: Hsp: _____		
	Rooftop Combination: Tons: _____		
	Heat Pump/Mini-split (heads as air handler below): BTU 's/Tons: _____		
	Boilers: BTU's ___ Water: ___ Steam: _____		
	VAV box w/coil/Thru-Wall Combination Heat/Air		
	Air Handler/Make-up Air ONLY (not with Hood) CFM's: _____		
	Ducts and register: No. of openings: _____		
	Back-up generator-gas line: 10 Kv or less: ___ Over 10 Kv: ___		
	Gas Reconnection: ___ Gas Outlet(s): _____		
	Woodburning stoves		
	Other: _____		
	MINIMUM PERMIT FEE: \$40.00	Total:	

It is hereby certified that the work herein called for is in accordance with the provisions of the Mechanical Codes of St. Joseph County and the City of South Bend, Indiana.

Mechanical Contractor: _____
 (Please list Company Name, how registered within our jurisdiction)

Phone Number: _____

Email Address: _____

*See Fee Schedule for permit fees