



CITY OF CANAL WINCHESTER

36 SOUTH HIGH STREET
CANAL WINCHESTER, OHIO 43110

DEVELOPMENT DEPARTMENT
PHONE (614) 837-7501 FAX (614) 837-0145

APPLICATION FOR HVAC PERMIT

Date: _____

Address of Subject Property: _____

Property Owner: _____ Phone No.: _____

Contractor/Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

State License Number: _____

Scope of Work to be Completed: _____

Describe Heating/Cooling System:

Brand: _____ Model: _____

CFM's: _____ Output (BTU/HR): _____ Tons: _____

Applicant's Signature: _____ Date: _____

Inspection line 614.834-5104. Please all allow 48 hours for all inspections.

Permit Number: _____

Fees Paid: \$ _____

Approved by: _____

Date: _____

If you have any questions please call 614.837.7501.