

VILLAGE OF CLEVES
DEPARTMENT OF BUILDING COMMISSIONER
MECHANICAL INSTALLATIONS

PLAN NUMBER _____

APPLICANT – COMPLETE ALL APPLICABLE SPACES ON THIS FORM.

ADDRESS: _____ TYPE OF CONSTRUCTION _____ USE GROUP _____

IDENTIFICATION	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE
OWNER						
CONTRACTOR						
PLANS BY						

TYPE OF MECHANICAL EQUIPMENT (describe & show number of units to be installed):

- A. Furnace _____ Trade Name _____ Model No. _____ Fuel _____
- B. Boiler _____ Trade Name _____ Model No. _____ Fuel _____
- C. Unit Heater _____ Trade Name _____ Model No. _____ Fuel _____
- D. Conversion Burner – Trade Name _____ Model No. _____ Fuel _____ Input Btuh _____
- E. Incinerator – Trade Name _____ Model No. _____ Fuel _____ Location _____
- Volume of primary combustion chamber _____ cu.ft.
- F. Air Cond.-Electric _____ Trade Name _____ Model No. _____ Btuh _____
- G. Air Cond. – Gas _____ Trade Name _____ Model No. _____ Btuh _____
C Btuh _____
- H. Heat Pump _____ Trade Name _____ Model No. _____ H. Btuh _____
- I. Unit Ventilator _____ Trade Name _____ Model No. _____ CFM _____
- J. Fan _____ Trade Name _____ Model No. _____ CFM _____
- K. Make up heater-type _____ Trade Name _____ Model No. _____
- L. Storage Tank Fuel Oil _____ Waste Oil _____ Gasoline _____ Gal _____ Location _____
- M. Accessory equipment _____
- N. Automatic sprinkler _____ Trade Name _____ Area to be Sprinkled _____ Sq Ft.
- O. Alterations _____

INSTALLED PRICE OF MECHANICAL EQUIPMENT:

Heating \$ _____ Heating & Air Cond. \$ _____ Air Cond. \$ _____ Fire Suppression \$ _____
 Storage Tank \$ _____ (if installed separately or if capacity is 1000 gal or more)

4. DESCRIPTION OF WORK TO BE DONE, LOCATION OF EQUIPMENT, ALTERATIONS. ETC. :

The undersigned being the owner, Mech. or Gen Contractor does hereby agree to install above noted work in all respects in compliance with the laws of the State of Ohio and with the Building Code of Village of CLEVES. Items indicated by checkmark and details on reverse side are included in work covered by permit.

APPLICANT SIGN HERE _____ DATE _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

PLANS EXAMINER'S APPROVAL _____ DATE _____

Date permit issued: _____ Permit number _____ Permit & inspection fee _____