



City of New Albany, Indiana

Russ Segraves
Building Commissioner

COMMERCIAL

APPLICATION for HVAC and/or APPLIANCE PERMIT

Date: _____

Business name: _____

Work Site Address: _____ Lot# /Ste. _____

Contractor Name: _____

Name & phone of person on job site: _____

Estimated cost of project: _____

1. Fee regarding any new or replacement HVAC Unit, Residential or Commercial shall be charged \$40.00 per unit. Combination is \$80.00 per.

2. Please check to what permit applies:

_____ Air Conditioning Unit _____ Heating Unit

_____ Combination

Total: \$ _____

3. Appliance Hood, \$40.00 each. _____ X \$40.00 = \$ _____

REMINDER FOR CONTRACTORS

When mailing in applications, please remember to send a self-addressed stamped envelope to receive your copy.

OFFICE USE ONLY

Approved By: _____

Date: _____