



City of New Albany, Indiana  
Russ Segraves  
Building Commissioner

**RESIDENTIAL APPLICATION for HVAC**

Date: \_\_\_\_\_

Owner name(s) & Phone: \_\_\_\_\_

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, \$40.00 per unit. Combination is \$80.00 per.

2. Please check to what permit applies:

\_\_\_\_\_ Air Conditioning Unit    \_\_\_\_\_ Heating Unit    \_\_\_\_\_ Combination

Total: \$ \_\_\_\_\_

**NOTE:** An inspection is not mandatory for replacements.

**\*\*\*REMINDER FOR CONTRACTORS\*\*\***

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