



Seneca County Building Department
 92 E. Perry Street Suite 1103
 Tiffin, OH 44883
 419-447-8022 ext 6515
 senecacountybuildingdept@safebuilt.com

APPLICATION FOR COMMERCIAL HVAC/MECHANICAL PERMIT

DATE: _____ PERMIT # _____

LOCATION ADDRESS: _____ UNIT/FLOOR # _____
 PROJECT/BUSINESS TENANT: _____ TENANT PHONE: _____
 PROJECT NAME: _____ PROJECT VALUATION: \$ _____
 SQ. FT. _____ (Round UP to nearest 10 sq. ft.)

<input type="checkbox"/> NEW BLDG	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTER/REMODEL
<input type="checkbox"/> FURNACE NEW/REPL	<input type="checkbox"/> HEAT PUMP NEW/REPL	<input type="checkbox"/> AIR CONDITIONING NEW/REPL
<input type="checkbox"/> GAS LINE	<input type="checkbox"/> ROOF TOP UNIT/COMM	<input type="checkbox"/> BOILER STEAM/LOW PRESSURE
<input type="checkbox"/> REFRIGERATION	<input type="checkbox"/> SPRINKLER	<input type="checkbox"/> FIRE SUPPRESSION FOR HOOD
<input type="checkbox"/> HOOD	<input type="checkbox"/> WATER HEATER	<input type="checkbox"/> GAS LINE FOR GENERATOR

DESCRIBE WORK:

CONTRACTOR: _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____

PROPERTY OWNER: _____ **PHONE:** _____
ADDRESS: _____ **EMAIL:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
TENANT NAME: _____ **TENANT PHONE:** _____

FEES OWED:
 The office will determine fee totals. (See fee schedule for reference) Please contact us with any questions.

<input type="checkbox"/> Check		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Credit Card		
Do not send payment with initial submittal.		
SIGNATURE: _____ Applicant, Agent, Owner	TOTAL	\$

The applicant, agent, owner of this property and the undersigned is (1) responsible to verify all property lines, (2) responsible for making arrangements for all inspections. **CALL BEFORE YOU DIG – OUPS – 1-800-362-2764**