



Wyandot County Courthouse
ATTN: Building Department
109 South Sandusky Avenue
Upper Sandusky, Ohio 43351
Phone: 419-294-3837
Wyandotcountybuildingdept@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.