



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 <u>UP</u> 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