

Residential Mechanical Permit

GEORGETOWN- SCOTT CO. BUILDING INSPECTION

HVAC Division

100 North Court Street - Georgetown, KY 40324

Phone: (502) 863-9802 Fax: (502)863-4169

E-mail: Inspector@georgetownky.gov

JOB SITE			
Job Location:			
EQUIPMENT AND INSTALLATION DETAILS			
Building Type: Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Other <input type="checkbox"/>			
<input type="checkbox"/> New construction Units:		<input type="checkbox"/> Existing change-out:	
Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Geothermal <input type="checkbox"/>	Other <input type="checkbox"/>
Cost of Installation: \$			
PROPERTY OWNER			
Name:		Phone:	
MECHANICAL CONTRACTOR			
Business Name:			
Address:			
City/State/Zip:			
Phone:	Fax:	E-mail:	
License #:			
HVAC LOAD CALCULATIONS			
<input type="checkbox"/> I have submitted my Residential Heat Loss & Heat Gain Calculation report to the Georgetown/Scott Co. Building Inspection HVAC Division.			
Note: The Georgetown/Scott Co. Building Department is issuing this HVAC construction permit upon your request accordance with KRS 198B.6671 and 815 KAR 8:070. You, the under signed are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete the installation, it shall be yours responsibility to notify this department immediately.			
Applicant Signature: _____		Date: _____	
Contact Name:		Phone:	
PERMIT FEE			
First System		\$105	
Each Additional System		\$50	
Total Permit Fee		\$	
OFFICE USE ONLY			
Mechanical Permit Number:			
Receipt #:	Date:	Payment:	Received:
Jurisdiction: Georgetown <input type="checkbox"/> Scott Co. <input type="checkbox"/> Sadieville <input type="checkbox"/> Stamping Ground <input type="checkbox"/>			
Building Permit #:			