# ONE NORTH PLUM ST. GERMANTOWN OHIO 45327 WWW.GERMANTOWN.OH.US

# **HVAC REPLACEMENT**

When changing out HVAC units for one which uses a different fuel source, it must be noted on the permit application to avoid unnecessary delays in the permitting process. For example: Replacement of an electric heat pump to a natural gas furnace will required a gas line permit in addition to the HVAC permit.

The following example applies to a permit request for an HVAC and gas line permit.

# Once permit is issued:

- Contractor will install new gas line
- Schedule a gas line pressure test for the house line (all piping after the meter) with the Building Department. Utility company is responsible for piping the meter.
- The Building Inspector will witness the gas line pressure test. The test shall be complete using a digital gauge or liquid manometer. (Kuhlman Type). Please note: Building Department does not provide gauge.
- After pressure test is approved, Building Department will send a meter release to the Utility Company.
- Utility Company will set the meter
- After meter is set and unit has been started up, permit applicant will schedule final HVAC inspection.

\*Inspections must be scheduled 24 hours in advance.

### City of Germantown

## 1 North Plum Street, Germantown, Ohio 45327 Phone (937) 855-7255 Fax (937)855-3215

http://www.germantown.oh.us

# **BUILDING/ELECTRICAL PERMIT APPLICATION**

**FOR INFORMATION CALL: (888) 433-4642** 

(CHECK ONE) RESIDENTIAL \_\_\_ COMMERCIAL \_\_\_ SUBMIT 2 RESIDENTIAL/3 COMMERCIAL BUILDING PLANS

| PLEASE PRINT                                 | NAME                     | STREET ADDRESS                                | CITY, STATE,   | ZIP PHONE         | NUMBER & EMAIL               |  |
|--|--------------------------|---|--|-------------------|------------------------------|--|
| PROPERTY OWNER                               |                          |   |  |                   |                              |  |
| APPLICANT                                    |                          |   |  |                   |                              |  |
| PLANS BY                                     |                          |   |  |                   |                              |  |
| CONTRACTOR                                   |                          |   |  |                   |                              |  |
| ITE ADDRESS                                  |                          |   | TENANT   |                   |                              |  |
| ARCEL ID #                                   |                          |   | AFFECTED CONSTRUCTION AREA SQ. FT.                       |                   |                              |  |
| PROJECT DESCRIPTION                          |                          |   |  | PROJ              | ECT COST                     |  |
| COMMERCIAL ON                                | ILY USE GROUP            | CONSTRUCTI                                    | ON TYPE  | occu              | PANT LOAD                    |  |
| REVIEW REQUETED                              | : CHECK ALL THAT         | APPLY   |  |                   |                              |  |
| New Building Garage                          |                          |   | ☐ Fire Alarm   |                   | ☐ Change of Use              |  |
| Addition                                     |                          | AC  | <ul><li>Fire Suppression</li></ul>                       |                   | ☐ Signage                    |  |
| Alteration                                   | □ Ele                    |   | <ul><li>☐ Hood Suppress</li><li>☐ Hood Exhaust</li></ul> | sion              | ☐ Pool (In Ground)           |  |
| Deck Sq. Ft.                                 |                          | ☐ Gas Line                                    |  |                   | ☐ Pool (Above Ground)        |  |
| Shed Sq. Ft.                                 |                          | nce   | ☐ Cert. of Occupancy                                     |                   | □ Roofing                    |  |
|  |                          | wing Required over 400 AMP                    |  |                   |                              |  |
| s property located in a I                    | Floodplain? Yes / No     |   |  |                   |                              |  |
|  | d in this application is | true, accurate, and complete t<br>g codes.    | o the best of my know                                    | vledge and I do I | hereby agree to complete the |  |
| OWNER/OWNER REP. (Please Print)              |                          |   |  | EMAIL             |                              |  |
| OWNER/OWNER REP. (Signature)                 |                          |   |  | APPLICATION DATE  |                              |  |
| Auditor Information:<br>********             | # Bedrooms               | # Baths # Stories<br>**************OFFICE USE | Livable Sq. Ft. ONLY*******                              | Finish            | ned Basement Sq. Ft          |  |
| DEPOSIT \$                                   | RECE                     | IVED BY                                       | PAYMENT: CA  | SH CREDIT         | CHECK #                      |  |
| s property located in a Floodplain? Yes / No |                          |   |  |                   | PERMIT #                     |  |
| ZONING APPROVED                              |                          |   | DATE   |                   |                              |  |
| BUILDING APPROVED                            |                          |   | DATE   |                   |                              |  |