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**BUILDING INSPECTION DEPARTMENT**

5925 Calumet Avenue, Hammond, IN 46320 Phone (219) 853-6316 Fax: (219) 853-6456

**HVAC Permit Application**

Permit Fee: \$ \_\_\_\_\_

Permit #: \_\_\_\_\_

Job Location: \_\_\_\_\_

Home Owner                       Contractor\*

Company Name\*: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Building Type (*one must be checked*)

Single Family    Two Family    Multi Family    Commercial    Industrial

Property Owner/Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owners Present Address: \_\_\_\_\_

Cost of Job Material and Labor: \_\_\_\_\_

Describe all work to be done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*For contractors a copy of the signed contract must be attached.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Inspector use only:      Date Inspected: \_\_\_\_\_      Pass / Fail

Inspector Signature: \_\_\_\_\_