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BOB VALE
BUILDING COMMISSIONER

BUILDING INSPECTION DEPARTMENT

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

HVAC Permit Application

Permit #: _____

Address of Construction: _____

Home Owner

Contractor*

Contractor's Name: _____ Phone #: _____

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

Property Owner Name: _____ Phone #: _____

Property Owner Address: _____

Cost of Job Material and Labor: _____

Building Type (one must be checked)

Single Family

Two Family

Multi-Family

Commercial

Industrial

Is the Dwelling a Rental Property? _____ Yes _____ No If yes, # of rental units? _____

Describe all work to be done: _____

New Furnace: _____ New Air Conditioner _____

Replacement Furnace: _____ Replacement Air Conditoner: _____

Are these Roof Top Units: _____ If so how many? _____

Boiler: _____ In floor heating coils: _____

Ansel Hood Suppression System: _____

Commercial Hood System: _____ **State Design Release is REQUIRED at the time of submittal**

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

****THE CONTRACTOR IS RESPONSIBLE FOR INSPECTIONS**

Signature _____

Date: _____

Approval: _____

Date: _____