



**BULLITT COUNTY - KENTUCKY**  
**DEPARTMENT OF CODE ENFORCEMENT**  
P.O. Box 768 149 North Walnut Street Shepherdsville, KY 40165  
502-921-2970 Fax 502-921-2972

Permit No. \_\_\_\_\_

Cost of Permit \_\_\_\_\_

Date \_\_\_\_\_

**HVAC CONSTRUCTION PERMIT APPLICATION: ONE & TWO FAMILY DWELLINGS**

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance with the Uniform State Building Code and the Uniform State Residential Building Code.

Location \_\_\_\_\_ (Street) \_\_\_\_\_ (County) \_\_\_\_\_ (City) \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

**CHECK EACH BLANK THAT APPLIES:**  New Construction  Existing Unit  Single Family Unit  Duplex

Mobile Home  Modular  Other

First system \$105.00 PLUS ( \_\_\_\_\_ # of additional systems X \$50.00 = \_\_\_\_\_ ) Equals \_\_\_\_\_ Total  
Permit Cost

Date of Sizing Calculations \_\_\_\_\_ Orientation of Structure \_\_\_\_\_

Summer Design Conditions \_\_\_\_\_ Winter Design Conditions \_\_\_\_\_

Square Footage System 1 \_\_\_\_\_ System 2 \_\_\_\_\_ System 3 \_\_\_\_\_ System 4 \_\_\_\_\_ System 5 \_\_\_\_\_

Heat Gain System 1 \_\_\_\_\_ System 2 \_\_\_\_\_ System 3 \_\_\_\_\_ System 4 \_\_\_\_\_ System 5 \_\_\_\_\_

Heat Loss System 1 \_\_\_\_\_ System 2 \_\_\_\_\_ System 3 \_\_\_\_\_ System 4 \_\_\_\_\_ System 5 \_\_\_\_\_

Inspections	Date	Inspector	Remarks & Notes

The Department of Housing, Buildings, and Construction, Division of HVAC, is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, 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 this installation, it shall be your responsibility to notify the Department immediately.

Master HVAC / Homeowner Signature \_\_\_\_\_ License No. \_\_\_\_\_

Complete Address \_\_\_\_\_

Office / Home Phone Number \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

*Safeguarding the public in good faith and without malice.*