

Permit # _____



150 W Jefferson St
Joliet, IL 60432
Phone: 815-724-4070
Email: permitapplication@joliet.gov

HVAC Application

If Contractor is TBD, please complete form with applicable information matching submitted files.

| | | |
|---|-------------------------|-----------------------------|
| Project Location | | |
| HVAC Contractor | | |
| Address _____ | | |
| Phone No _____ | Email _____ | |
| Homeowner | | |
| Phone No _____ | Email _____ | |
| Project Type | | |
| <input type="checkbox"/> New Install <input type="checkbox"/> Replacement | | |
| Heating Unit(s) _____ | Cooling Unit(s) _____ | Refrigeration Unit(s) _____ |
| Ventilation Unit(s) _____ | Fireplace Unit(s) _____ | |
| Work Description | | |
| | | |
| Type of Heater | | |
| <input type="checkbox"/> Steam <input type="checkbox"/> Hot Water <input type="checkbox"/> Warm Air <input type="checkbox"/> Electric | | |
| Type of Cooling Unit | | |
| <input type="checkbox"/> Air Cooled <input type="checkbox"/> Water Cooled | | |
| Type of Refrigeration Unit | | |
| <input type="checkbox"/> Gas <input type="checkbox"/> Electric | | |
| Type of Fuel | | |
| <input type="checkbox"/> Coal <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood | | |
| Piping by: _____ | | |
| Electric Wiring by: _____ | | |
| Estimated Valuation of Construction: \$ _____ | | |
| Inspections Approval: _____ | Date _____ | |