



BUILDING DIVISION
 200 S. Hamilton Road
 Gahanna, Ohio 43230
 Phone: 614-342-4010
 Fax: 614-342-4117
 building@gahanna.gov
 www.gahanna.gov

| | |
|-----------------|---|
| INTERNAL | PERMIT NO. _____ |
| | MP No. _____ |
| | <input type="checkbox"/> No Master Permit |
| | RECD. BY _____ DATE: _____ |

HVAC PERMIT APPLICATION

TO REQUEST AN INSPECTION, CALL 614-342-4010 & PRESS 1, OR SCHEDULE ONLINE AT [HTTPS://OHGA.ONLAMA.COM/](https://OHGA.ONLAMA.COM/)

| | | | |
|---|--|---|--|
| <input type="checkbox"/> COMMERCIAL/MULTI-FAMILY (4 or more units) | | <input type="checkbox"/> RESIDENTIAL (1, 2, 3 FAMILY) | |
| JOB SITE ADDRESS: | | PARCEL ID NO(S). | |
| Estimated Cost of Entire Project: | | Square Footage for Project Scope of Work: | |
| Occupancy Description: (reference Use Group table) - commercial only | | Type of Construction: (reference Construction Type table)-commercial only | |
| DESCRIPTION/SCOPE OF WORK: | | | |
| PROPERTY OWNER Name: | | | |
| Commercial Tenant Name (if applicable): | | Commercial Tenant Phone No. (if applicable): | |
| Property Owner Address: | | | |
| Property Owner E-mail: | | Property Owner Phone No.: | |
| CONTRACTOR Name: | | | |
| Contractor Address: | | Gahanna Contractor Registration No. | |
| Contractor E-mail: | | Contractor Phone No.: | |
| REGISTERED DESIGN PROFESSIONAL Name: | | <input type="checkbox"/> architect <input type="checkbox"/> designer <input type="checkbox"/> engineer <input type="checkbox"/> other: _____ | |
| Registered Design Professional Address: | | State License No. | |
| Registered Design Professional E-mail: | | Registered Design Professional Phone No.: | |

CERTIFICATION

I certify that I am the property owner or the authorized agent representing the owner, and that the information on this application is complete and accurate to the best of my knowledge, and that the information contained on drawings and text are a true and accurate representation of the dimensions and facts applicable to this request, and that there are no deed restrictions that prohibit this work.

Name: _____ Title: _____
 Signature: _____ Date: _____

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| | |
|----------|---|
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HVAC PERMIT APPLICATION CONTINUED

TO REQUEST AN INSPECTION, CALL 614-342-4010 & PRESS 1, OR SCHEDULE ONLINE AT [HTTPS://OHGA.ONLAMA.COM/](https://OHGA.ONLAMA.COM/)

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | This application is NOT a permit. No work may begin until a permit is issued. |
| <input checked="" type="checkbox"/> | When each phase of work is complete, an inspection is required. To request an inspection, call 614-342-4010 & press 1, or schedule online at https://ohga.onlama.com/ . |
| <input checked="" type="checkbox"/> | 3 sets of construction documents for commercial; 2 sets for residential to be submitted. <i>If submitted with Master Permit Application, <u>do not resubmit</u> with this application.</i> |
| <input checked="" type="checkbox"/> | 1 PDF digital copy of construction documents to be submitted. <i>If submitted with Master Permit Application, <u>do not resubmit</u> with this application.</i> |
| <input type="checkbox"/> | Check box if project includes use of an industrialized unit. |
| <input type="checkbox"/> | Check box if project includes use of an assembly of individually listed or labeled products. |
| <input type="checkbox"/> | Gas Piping Permit may be required to be submitted. |

COMMERCIAL/MULTI-FAMILY (4 or more units)

| FEES | TYPE OF WORK (check all that apply) | |
|-------------|---|---|
| \$500 | <input type="checkbox"/> NEW BUILD/ADDITIONS/ALTERATIONS (includes 2 inspections) | |
| \$150 | <input type="checkbox"/> MINOR LIMITED SCOPE: <u>not</u> to be used with NEW CONSTRUCTION/ADDITION/ALTERATION/FIRE REHAB. appropriate examples include: replacements and new units; duct work extension/alteration; chimney replacement or new vent; prefab fireplace/wood burning stove (includes 1 inspection) | |
| \$150/ea. = | <input type="checkbox"/> ADDITIONAL INSPECTIONS: _____ no. of additional inspections purchased (only the specified included number of inspections are allotted with the permit; all additional inspections must be purchased prior to scheduling inspections.) NOTE: there will be no refunds for unused inspections. | |
| \$ | TOTAL FEES - payment due at time permit is issued; includes BBS fees. reference: Building & Zoning Fee Schedule | INTERNAL USE: PAID <input type="checkbox"/> PAYMENT: _____ RECD. BY/DATE: _____ |

If work is determined to be more extensive than represented on this application, additional fees may be required.

RESIDENTIAL (1, 2, 3 FAMILY)

| FEES | TYPE OF WORK (check all that apply) | |
|-------------|---|---|
| \$450 | <input type="checkbox"/> NEW BUILD/ADDITIONS (includes 2 inspections) | |
| \$100 | <input type="checkbox"/> MINOR LIMITED SCOPE: <u>not</u> to be used with NEW CONSTRUCTION/ADDITION/ALTERATION/FIRE REHAB. appropriate examples include: single unit replacements and new units; duct work extension/alteration; chimney replacement or new vent; prefab fireplace/wood burning stove (includes 1 inspection) | |
| \$150/ea. = | <input type="checkbox"/> ADDITIONAL INSPECTIONS: _____ no. of additional inspections purchased (only the specified included number of inspections are allotted with the permit; all additional inspections must be purchased prior to scheduling inspections.) NOTE: there will be no refunds for unused inspections. | |
| \$ | TOTAL FEES - payment due at time permit is issued; includes BBS fees. reference: Building & Zoning Fee Schedule | INTERNAL USE: PAID <input type="checkbox"/> PAYMENT: _____ RECD. BY/DATE: _____ |

If work is determined to be more extensive than represented on this application, additional fees may be required.

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