



APPROVAL # _____

DATE: _____

RECEIPT# _____

CITY OF VANDALIA DEV. & ENG. SERVICES
 333 JAMES E. BOHANAN MEMORIAL DRIVE
 VANDALIA, OHIO 45377
 937-898-3750

PERMIT APPLICATION
GAS _____ OR HVAC _____ (SELECT ONLY ONE)

ADDRESS OF JOB: _____ LOT # _____

OWNER: _____ PHONE# _____

OWNER'S ADDRESS: _____ CITY, STATE, ZIP _____

CONTRACTOR: _____ PHONE/ CELL # _____

ADDRESS: _____ CITY, STATE, ZIP _____

EMAIL: _____

TYPE OF USE: RESIDENTIAL _____ COMMERCIAL _____
 TYPE OF FUEL: NATURAL GAS _____ ELECTRIC _____ PROPANE _____
 TYPE OF INSTALLATION: NEW _____ REPLACEMENT _____

ITEM	NO.	PRICE	AMOUNT
PLAN REVIEW FEE: (COMMERCIAL)			
UNIT HEATER:			
FURNACE/ AIR CONDITIONER/ HEAT PUMP (Circle all that apply)			
HYDRONIC SYSTEM:			
REFRIGERATION SYSTEM:			
DUCT WORK			
FIRE DAMPER: 1-10 EACH ADDITIONAL			
FAN OR BLOWER:			
FIREPLACE:			
GAS PIPING: (PER METER SETTING)			
SMOKE SHUTDOWN (EACH)			
HOOD & DUCT SYSTEMS: (EACH)			
APPLICATION FEE OBC: Commercial			
APPLICATION FEE ORC: Residential			
		TOTAL	
STATE FEE: (COMMERCIAL= 3% or RESIDENTIAL= 1%) NOTE: For proper calculations, enter 0.01 for Residential or 0.03 for Commercial			%
		GRAND TOTAL	

OWNER/AGENT _____ DATE _____

BUILDING OFFICIAL _____ DATE _____

PRINT NAME _____