

**City of New Albany, Indiana
Building Department
Building Commissioner**

142 East Main Street, Suite 206
New Albany, IN 47150
812-948-5371

www.cityofnewalbany.com

Approved By: _____

Building: _____

RESIDENTIAL APPLICATION FOR HVAC

Date: _____

Owner Name(s): _____ Phone #: _____

Work Site Address: _____ Lot/Ste.: _____

Contractor Name: _____ Phone #: _____

Point Person on Job Site: _____ Phone #: _____

Estimated cost of project: \$ _____

1. Fee regarding any new or replacement HVAC Unit, Residential or Commercial, shall be charged \$40.00 per unit. Combination is \$80.00 per unit.

2. Please check to what permit applies:

_____ Air Conditioning Unit

_____ Heating Unit

_____ Combination

Total \$ _____

NOTE: At this time an inspection is not mandatory for replacements.

*****REMINDER FOR CONTRACTORS*****

When mailing in applications, please remember to send a self-addressed stamped envelope to receive your copy.