



CITY OF WILLARD

PUBLIC WORKS DEPARTMENT
P. O. BOX 367, WILLARD, OH 44890-0367
PHONE 419-935-6555 • FAX 419-933-4545
WWW.WILLARDOHIO.US

Office Use Only
Fee: _____
Date: _____

RESIDENTIAL HVAC PERMIT APPLICATION

Project Address _____ City, State Zip Willard, Ohio 44890

Property Owner _____ Phone _____

Address _____ City, State Zip _____

Contractor _____ Phone _____

Address _____ City, State Zip _____

Building Use: Single Family Duplex Triplex Other: _____

PERMITS REQUESTED:

- NEW FURNACE OR AIR CONDITIONING (\$25)
- REPLACE FURNACE OR AIR CONDITIONING (\$25)

Description of Work _____

VALUE OF WORK BEING DONE: \$ _____

(Property owners doing their own work should include their material price plus 50% for their labor)

NOTES: Plans or drawings that detail or show methods and means of construction are required.
Contractors must be registered with the City and hold a HVAC License.
Property owners may work on their own property but assume all liability and risk.

INSPECTIONS: A rough in inspection is required before covering up when applicable. Final inspections are always required. Other inspections may be required as detailed on your building permit or other permits. Call for inspections a minimum of 48 hours in advance. A fee of \$25 will be required for reinspections.

I hereby certify that I have read and examined this application and know the information to be true and correct. All provisions of the City of Willard's Ordinance will be complied with. The granting of a Zoning and/or Building permit does not presume to give authority to violate or cancel the provisions of the City of Willard Ordinance or other governing regulations.

SIGNATURE OF CONTRACTOR/OWNER OR AUTHORIZED AGENT DATE