

HVACR INSPECTION APPLICATION

ADC Map Location				Job Site Contact Name & Phone #	HVACR Permit #	Inspection Fee \$
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Job Address _____ **Estimated Value \$:** _____

City _____ **County** _____ **State** _____

Owner/Occupant _____ **Tenant** _____

New: Heating & Air Conditioning Heating System Only Geo Thermal System Ductless Mini Splits
 Thru the Wall Systems Other Work: (Describe)

Replacement: Heating Air Conditioning Heating & Air Conditioning

Additions & Alterations: Heating Air Conditioning Heating & Air Conditioning

Residential

of Zones

- _____ Single Family
- _____ Multi-Family
- _____ Town House
- _____ Condominium
- _____ Manufactured Homes
- _____ Modular Homes

of Description

- _____ Addition/Alterations, (Single Zone)
- _____ Fuel-Fired Unit Heater
- _____ Space Heater
- _____ Decorative Appliance
- _____ Replacement of heating/cooling system

Non-Residential

of Zones

- _____ Central Heating or A/C
- _____ Steam or Hot Water

of Description

- _____ Duct Heater or Re-Heat coils _____ Cooking Hoods
- _____ Fuel-Fired unit heater _____ Exhaust Fans
- _____ Space Heater _____ Ventilation Fans
- _____ Decorative Appliance _____ Walk-In Cooler
- _____ Walk-In Freezer
- _____ Dairy/Deli Case

Appl. Signature _____	
Print Name _____	
Address _____	
City _____	State _____ Zip _____
Phone # _____	Cell # _____
Prof. License # _____	Exp. Date _____

Additional Comments/Instructions:

SPACE BELOW FOR AGENCY'S USE ONLY	
Progress Status:	
<input type="checkbox"/> Rough	
<input type="checkbox"/> Progress	
<input type="checkbox"/> LKD	
<input type="checkbox"/> Incomplete	
<input type="checkbox"/> Violation	<input type="checkbox"/> Other Side
Inspectors Signature _____	Date _____
Invoice #: _____	Check #: _____
Invoice Date: _____	