

Shelbyville Building Department  
44 W. Washington Street  
Shelbyville, IN 46176  
(317) 392-5102

**RESIDENTIAL HVAC PERMIT APPLICATION**

**2016**

Date \_\_\_\_\_ Building Permit Number \_\_\_\_\_  
Contractor \_\_\_\_\_ License Number \_\_\_\_\_  
Property Owner \_\_\_\_\_ Address \_\_\_\_\_  
Lot Number \_\_\_\_\_ Subdivision \_\_\_\_\_

Person Obtaining Permit \_\_\_\_\_  
(If other than Contractor)

Minimum System Permit Fee	\$30.00	_____
First New HVAC System	\$50.00	_____
Second New HVAC System	\$20.00	_____
Each Additional HVAC System	\$20.00	_____
Gas Log installation with new construction	\$15.00	_____
Gas Log installation as an addition	\$30.00	_____
Replacement Furnace/Air Conditioner	\$30.00	_____
Total Permit Fee	\$	_____

\_\_\_\_\_  
Contractor's Original Signature

\*Note: Each form must be complete with all pertinent information included for the issuance of a permit. Each form is valid for one permit address only and each permit requires a separate form. All forms must contain an original signature of the contractor. Your signature on this application indicates your agreement to call for the required inspections.