



Building, Planning & Zoning Department

28 East Main Street
West Jefferson, Ohio 43162

Thomas A. Hale, Director

Phone: 614-379-5346 Fax: 614-879-5326

RESIDENTIAL HVAC/GAS Line PLAN APPROVAL APPLICATION

PLEASE PRINT OR TYPE

PERMIT NUMBER _____

1. PROJECT INFORMATION:

Street Address _____
 City/State/Zip _____
 Parcel No. _____
 Project Description: _____

This projects is:

- New Construction
- Alterations or Repairs
- Replacement System

Natural Gas provider:

2. PROPERTY OWNER

Name _____
 Address _____
 City, State, Zip Code _____
 Phone _____ Cell _____
 Email _____

3. HVAC CONTRACTOR

Company Name _____
 Name _____
 Address _____
 City, State, Zip Code _____
 Phone _____ Fax _____
 Cell _____
 E-Mail _____
 License # _____

4. APPLICANT/PERSON RESPONSIBLE:

Company Name _____
 Contact Person _____
 Address _____
 City, State, Zip Code _____
 Phone _____ Cell _____
 E-Mail _____

I hereby certify that I am the Owner of Record or that the proposed work is authorized by the Owner of Record, that I have been authorized by the Owner to make this application as his Agent, and that we agree to conform to ALL laws of the County and the State, and that all information on this application is truthful to the best of my knowledge. I also understand that UPFRONT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

Applicant Signature _____

Date _____

OFFICE USE ONLY

Intake Person _____
 Upfront Fee Paid \$ _____
 Plan Review Approved by _____ Date _____
 Plan Review Comments _____
 Balance Due \$ _____
 Notified Permit Ready _____ Date _____
 Date Picked Up _____

RESIDENTIAL HVAC/GAS LINE PLAN SUBMITTAL FORM General Instructions

1. The plan submittal form must be filled out completely.
2. The application may be faxed or emailed to our office at anytime. Once the application is approved the staff will call the applicant indicating approval and total cost of permit. It is the applicant's responsibility to check periodically on the status of this application.
3. All work shall conform to the 2019 Residential Code of Ohio and the International Fuel Gas Code.
4. Inspections may be requested no later than 3:30 pm the day before the date of the inspection. The phone number is 614-379-5246 or 614-379-5250. Office Hours: Monday-Friday 7:30 am - 4:30 pm closed from 12:00 to 1:00.

Submittal Requirements

HVAC FOR NEW DWELLINGS

- Submit duct layout, load calculations along with the manufactured specifications for the equipment

HVAC FOR ROOM ADDITIONS

- Submit duct layout.

GAS PIPING

- Submit single line drawing indicating pipe size, type, length and BTU.

HEATING AND COOLING EQUIPMENT AND APPLICANCES SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S INSTALLATION INSTRUCTIONS AND THE REQUIREMENTS OF THE RESIDENTIAL CODE OF OHIO. RCO M1401.1

Application will not be accepted unless signed and dated.

Contact Information:

The Village of West Jefferson
Building, Planning and Zoning Department
28 East Main Street
West Jefferson, Ohio 43162
(614) 379-5246 or 614-379-5250
(614) 879-5326 fax

Office Hours

7:30 am to 4:00 pm
12:00 - 1:00 closed
Monday through Friday

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