



**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.**

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## **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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