Permit #: _____

HVAC

Building & Code Enforcement Division
164 E. Lincoln Hwy. – DeKalb, IL 60115
Phone: (815) 748-2070
Building@CityofDeKalb.com
www.CityofDeKalb.com

CALL JULIE 800-892-0123, (24 HOURS A DAY, 365 DAYS A YEAR)

HVAC PERMIT APPLICATION

Project Address:	**Project Valuation:** $

TYPE OF WORK: ☐ COMMERCIAL/INDUSTRIAL ☐ RESIDENTIAL

☐ New System ☐ Replacement

☐ Furnace ☐ Air Conditioner ☐ Boiler ☐ Rooftop Unit ☐ Ductwork

Capacity _____ % Efficient _____ Model # _____ # of Units _____

☐ Other (please specify): _____

_____

_____

✓ PLEASE PROVIDE PRODUCT DATA SHEETS FOR EQUIPMENT
✓ CONTRACTORS MUST BE REGISTERED WITH CITY OF DEKALB

Applicant to mark correct box below:

PROPERTY OWNER INFORMATION ⇨ ☐

Name: _____

Address: _____

Phone: _____ Email: _____

HVAC CONTRACTOR INFORMATION ⇨ ☐

Name: _____

Address: _____

Phone: _____ Email: _____

ELECTRICAL CONTRACTOR (IF APPLICABLE)

Name: _____

Address: _____

Phone: _____ Email: _____

SIGNATURE OF APPLICANT: ✖ _____ **Date:** _____