

**CITY OF ELM SPRINGS**  
**APPLICATION FOR HVACR PERMIT**

**JOB INFORMATION:**

**OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

**License#** \_\_\_\_\_

**Expiration** \_\_\_\_\_

The HVAC/R System Will Consist of:

# HVAC Units \_\_\_\_\_

# HVAC Units >1/2 Horse \_\_\_\_\_

# Power Mechanical Exhausts \_\_\_\_\_

# Gas Vents Per Unit \_\_\_\_\_

HVACR Permit Fees

Minimum for first unit \$40

Additional Units > than ½ horse \$15

Fractional Horse power mechanical exhaust \$10

Gas Vents per unit \$15

**Signed** \_\_\_\_\_

Contractor & License # and Address

**MAKE CHECKS PAYABLE TO: CITY OF ELM SPRINGS**