



THE CITY OF

GROESBECK



HVAC PERMIT

DATE _____

PERMIT NO. _____

TOTAL PERMIT FEE \$ _____

PERMIT TYPE:

☐ NEW CONSTRUCTION ☐ REMODEL OR REPAIR **ESTIMATED JOB COST \$** _____

PROPERTY DETAILS

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

OWNER OF STRUCTURE

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

AIR CONDITIONING & HEATING COMPANY

NAME: _____ LICENSE # _____

COMPANY NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE # _____ EMAIL: _____

PERSON DOING THE WORK (other than HVAC Contractor)

NAME: _____ PHONE # _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE # _____ EMAIL: _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF INSPECTOR

DATE

WO # _____

☐ PASSED

☐ FAILED