

CITY OF GERMANTOWN  
ONE NORTH PLUM ST.  
GERMANTOWN OHIO 45327  
[WWW.GERMANTOWN.OH.US](http://WWW.GERMANTOWN.OH.US)

## HVAC REPLACEMENT

When changing out HVAC units for one which uses a different fuel source, it must be noted on the permit application to avoid unnecessary delays in the permitting process. For example: Replacement of an electric heat pump to a natural gas furnace will required a gas line permit in addition to the HVAC permit.

The following example applies to a permit request for an HVAC and gas line permit.

Once permit is issued:

- Contractor will install new gas line
- Schedule a gas line pressure test for the house line (all piping after the meter) with the Building Department. Utility company is responsible for piping the meter.
- The Building Inspector will witness the gas line pressure test. The test shall be complete using a digital gauge or liquid manometer. (Kuhlman Type). Please note: Building Department does not provide gauge.
- After pressure test is approved, Building Department will send a meter release to the Utility Company.
- Utility Company will set the meter
- After meter is set and unit has been started up, permit applicant will schedule final HVAC inspection.

**\*Inspections must be scheduled 24 hours in advance.**

City of Germantown  
1 North Plum Street, Germantown, Ohio 45327  
Phone (937) 855-7255 Fax (937)855-3215  
<http://www.germantown.oh.us>  
**BUILDING/ELECTRICAL PERMIT APPLICATION**  
FOR INFORMATION CALL: (888) 433-4642

(CHECK ONE) RESIDENTIAL \_\_\_\_ COMMERCIAL \_\_\_\_ SUBMIT 2 RESIDENTIAL/3 COMMERCIAL BUILDING PLANS

| PLEASE PRINT   | NAME | STREET ADDRESS | CITY, STATE, ZIP | PHONE NUMBER & EMAIL |
|----------------|------|----------------|------------------|----------------------|
| PROPERTY OWNER |      |                |                  |                      |
| APPLICANT      |      |                |                  |                      |
| PLANS BY       |      |                |                  |                      |
| CONTRACTOR     |      |                |                  |                      |

SITE ADDRESS \_\_\_\_\_ TENANT \_\_\_\_\_

PARCEL ID # \_\_\_\_\_ AFFECTED CONSTRUCTION AREA SQ. FT. \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_ PROJECT COST \_\_\_\_\_

---COMMERCIAL ONLY--- USE GROUP \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_ OCCUPANT LOAD \_\_\_\_\_

**REVIEW REQUESTED: CHECK ALL THAT APPLY**

- |                                                                                           |                                     |                                             |                                              |
|-------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> New Building                                                     | <input type="checkbox"/> Garage     | <input type="checkbox"/> Fire Alarm         | <input type="checkbox"/> Change of Use       |
| <input type="checkbox"/> Addition                                                         | <input type="checkbox"/> HVAC       | <input type="checkbox"/> Fire Suppression   | <input type="checkbox"/> Signage             |
| <input type="checkbox"/> Alteration                                                       | <input type="checkbox"/> Electrical | <input type="checkbox"/> Hood Suppression   | <input type="checkbox"/> Pool (In Ground)    |
| <input type="checkbox"/> Deck _____ Sq. Ft.                                               | <input type="checkbox"/> Gas Line   | <input type="checkbox"/> Hood Exhaust       | <input type="checkbox"/> Pool (Above Ground) |
| <input type="checkbox"/> Shed _____ Sq. Ft.                                               | <input type="checkbox"/> Fence      | <input type="checkbox"/> Cert. of Occupancy | <input type="checkbox"/> Roofing             |
| <input type="checkbox"/> Electrical Service Size _____ Line Drawing Required over 400 AMP |                                     |                                             |                                              |
| <input type="checkbox"/> Other (Specify) _____                                            |                                     |                                             |                                              |

Is property located in a Floodplain? Yes / No

All information contained in this application is true, accurate, and complete to the best of my knowledge and I do hereby agree to complete the project in compliance with all relevant building codes.

OWNER/OWNER REP. (Please Print) \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNER/OWNER REP. (Signature) \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

Auditor Information: # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ # Stories \_\_\_\_\_ Livable Sq. Ft. \_\_\_\_\_ Finished Basement Sq. Ft. \_\_\_\_\_  
\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

DEPOSIT \$ \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ PAYMENT: CASH CREDIT CHECK # \_\_\_\_\_

Is property located in a Floodplain? Yes / No \_\_\_\_\_ PERMIT # \_\_\_\_\_

ZONING APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING APPROVED \_\_\_\_\_ DATE \_\_\_\_\_