



TOWN OF  
**HEBRON**

ESTABLISHED 1890  
BUILDING DEPARTMENT

107 N. Main Street | P.O. Box 478 | Hebron, Indiana 46341

**BRADFORD LADWIG**  
**BUILDING COMMISSIONER**  
Office 219-996-4641  
Fax 219-996-7494

EMAIL:  
[hebronbuilding@hebronindiana.org](mailto:hebronbuilding@hebronindiana.org)

## HVAC PERMIT APPLICATION

APPLICATION DATE \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_ DATE OF COMPLETION \_\_\_\_\_

### PROPERTY LOCATION

ADDRESS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_

BRIEF DESCRIPTION OF WORK \_\_\_\_\_

\_\_\_\_\_

### PROPERTY OWNER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

### HVAC CONTRACTOR

COMPANY NAME \_\_\_\_\_ LICENSE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_

COMPANY OWNER'S NAME \_\_\_\_\_

COMPANY OWNER'S HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_



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**CHECK ALL THAT APPLY:**

NEW FURNACE                      REPLACEMENT FURNANCE

NEW AIR CONDITIONER              REPLACEMENT AIR CONDITIONER

ROOF TOP UNITS - # OF UNITS \_\_\_\_\_

BOILER                      IN FLOOR HEATING

ANSEL HOOD SUPPRESSION SYSTEM

COMMERCIAL HOOD (*STATE DESIGN RELEASE IS REQUIRED AT TIME OF SUBMITTAL*)

**\*\*THE HVAC CONTRACTOR IS RESPONSIBLE FOR HVAC INSPECTIONS\*\***

**APPLICANT CERTIFICATION**

THE INFORMATION WITHIN AND ALL ATTACHED EXHIBITS, ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT. THE OWNER, LESSEE, OR CONTRACTOR HEREBY AGREES TO ABIDE BY AND COMPLY WITH THE CONDITIONS OF ALL BUILDING AND HEALTH LAWS OF THE STATE OF INDIANA, AND THE UNIFIED DEVELOPMENT ORDINANCE OF THE TOWN OF HEBRON, IN. FURTHERMORE, THE APPLICANT UNDERSTANDS THAT ANY VARIATION OR VIOLATIONS FROM THE PROVISIONS OF THE ABOVE-MENTIONED LAWS AND ORDINANCES OR CONDITIONS SHALL CONSTITUTE A CAUSE FOR REVOCATION OF THIS PERMIT. THE APPLICANT HAS **READ AND UNDERSTANDS** THE PERMIT GUIDE, ALL MUNICIPAL AND STATE CODES WILL BE FOLLOWED OR WILL BE FINED ACCORDINGLY.

OWNER \_\_\_\_\_  
Signature (sign in ink)                      Print Name                      Date

CONTRACTOR \_\_\_\_\_  
Signature (sign in ink)                      Print Name                      Date