

Shelbyville Building Department
44 W. Washington Street
Shelbyville, IN 46176
(317) 392-5102 FAX (317) 392-5110

RESIDENTIAL HVAC PERMIT APPLICATION

Date_____ Building Permit Number_____

Contractor_____ License Number_____

Property Owner_____ Address_____

Lot Number_____ Subdivision_____

Person Obtaining Permit_____

(If other than Contractor)

First New HVAC System	\$50.00_____
Second New HVAC System	\$20.00_____
Each Additional HVAC System	\$20.00_____
Gas Log installation with new construction	\$15.00_____
Gas Log installation as an addition	\$30.00_____
Replacement Furnace/Air Conditioner	\$30.00_____
Minimum Permit Fee (if no other options apply)	\$30.00_____
Total Permit Fee	\$_____

Mechanical Contractor's Original Signature

*Note: Each form must be complete with all pertinent information included for the issuance of a permit. Each form is valid for one permit address only and each permit requires a separate form. All forms must contain an original signature of the contractor. Your signature on this application indicates your agreement to call for the required inspections.