

HOMEOWNERS HVAC PERMIT AFFIDAVIT

| Date: | | |
|--|--|------------------|
| Owner: | | |
| Location: | | |
| Phone Number: | | |
| Email: | | |
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| | | m all |
| | ove single-family dwelling and that I will perforr | nau |
| HVAC work myself. | | |
| | and the formation of the formation for the formation of the second state of the second | |
| · | property for at least 12 months from date of cor | • |
| that I will reside in the premises for at least 12 month | is from the date completion. I understand that | the |
| completion shall meet the Kentucky Residential Med | hanical Code as authorized by the Departmen | t of Housing, |
| Buildings and Construction. I also understand that n | o other HVAC permit may be obtained by myse | elf for a |
| homeowner application for a period of 24 months. I f | | |
| | | ily ally fulfile |
| requests for a homeowner permit application for HV | AC work. | |
| | | |
| I further understand that I must have a rough | -in inspection and a final inspection by a Kentu | ıcky |
| certified HVAC inspector. | | |
| oortmod 1177 to mopostor. | | |
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| | | |
| | Signature of Owner | |
| | | |
| Subscribed and sworn to before me, a Notary Public | in the County of | |
| · | • | |
| Commonwealth of Kentucky, this day of | , 20 | |
| | | |
| | | |
| | NOTARY PUBLIC | |
| | KENTUCKY STATE AT LARGE | |
| | = = = | |
| | MV COMMISSION EVEIRES | 20 |
| | MY COMMISSION EXPIRES | , 20 |