



1840 Simon Kenton Way, Suite 3400, Covington, Kentucky 41011-2999
 P 859.957-2408 F 859.331.8987 www.pdskc.org

Permit No. _____

Cost of Permit _____

Date _____

HVAC CONSTRUCTION PERMIT APPLICATION: COMMERCIAL BUILDINGS

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

Location _____
 (Street) (County) (City) (Subdivision)

Owner's Name _____ Address _____

Case number _____ Plan number (if applicable) _____

CHECK EACH BLANK THAT APPLIES: New Construction Existing Unit

Value of Project _____ Cost of Permit _____

Value of Project	Permit Fee	Value of Project	Permit Fee	Value of Project	Permit Fee	Value of Project	Permit Fee
\$2,000 or less	\$125	\$100,001 to \$150,000	\$630	\$500,001 to \$600,000	\$1,725	\$1,100,001 to \$1,200,000	\$3,050
\$2,001 to \$10,000	\$180	\$150,001 to \$200,000	\$760	\$600,001 to \$700,000	\$1,900	\$1,200,001 to \$1,300,000	\$3,280
\$10,001 to \$25,000	\$270	\$200,001 to \$250,000	\$885	\$700,001 to \$800,000	\$2,125	\$1,300,001 to \$1,400,000	\$3,510
\$25,001 to \$50,000	\$330	\$250,001 to \$300,000	\$1025	\$800,001 to \$900,000	\$2,355	\$1,400,001 to \$1,500,000	\$3,735
\$50,001 to \$75,000	\$390	\$300,001 to \$400,000	\$1,150	\$900,001 to \$1,000,000	\$2,590	\$1,500,001 to \$1,600,000	\$3,965
\$75,001 to \$100,000	\$500	\$400,001 to \$500,000	\$1,500	\$1,000,001 to \$1,100,000	\$2,820	Over \$1,600,000	See***

The fee for installations over \$1,600,000 is \$3,965 plus \$200 per \$100,000 or fraction thereof in excess of \$1,600,000

Description of Activity: _____

Inspections	Date	Inspector	Remarks & Notes

PDS, is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify the Department immediately.

Master HVAC Signature _____ License No. _____

Company Name _____ Contact Email _____

Company Address _____

Office / Home Phone Number _____ Mobile Phone Number: _____