

**CITY OF NORTON
BUILDING DEPARTMENT**

DATE _____

PERMIT # _____

APPLICATION FOR HEATING PERMIT

NEW _____ REPLACEMENT _____

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____
STREET CITY STATE ZIP

JOB LOCATION: _____

OWNER: _____ PHONE: _____

ADDRESS: _____
STREET CITY STATE ZIP

TYPE	SQ. FT.	FEE
RESIDENTIAL/ NEW		
RESIDENTIAL ALT/ADD.		
COMMERCIAL/ NEW		
COMMERCIAL ALT/ADD.		
FURNACE REPLACEMENT		
AIR CONDITIONING REPLACEMENT		
ZONES		
MISC.		

OF RETURN AIR _____ **BASE FEE** _____

OF SUPPLY AIR _____ **TOTAL** _____

TYPE OF FLUE **1% (Res)** _____

A _____ SIZE _____ **3% (Comm)** _____

B _____ SIZE _____

TOTAL FEE _____

MFG. & NUMBER _____ / _____
FURNACE A/C

MFG. & NUMBER _____ / _____
FURNACE A/C

CONTRACTOR SIGNATURE: _____

- **CONTRACTOR IS REQUIRED TO CALL IN FOR INSPECTION**
- **(330) 825-7815 AT PROMPT PRESS 1 FOR BUILDING THEN WAIT FOR PROMPT AND THEN PRESS 1 AGAIN FOR INSPECTION LINE.**
- **FAX NUMBER (330) 825-3104**