

FEEs DOUBLE IF
WORK IS
PERFORMED
WITHOUT PERMIT



NON -TRANSFERABLE
NO REFUNDS
EXPIRES IN 180
DAYS

Permits and Inspections Department
Website: www.cityofkaty.com
Email: permits.inspections@cityofkaty.com

APPLICATION FOR HVAC PERMIT

NEW INSTALL _____ REPLACE _____ ALTERATION _____

OCCUPANCY USE: RESIDENTIAL _____ COMMERCIAL _____

DATE OF APPLICATION: _____

PROJECT ADDRESS: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____ COUNTY _____

LEGAL PROPERTY OWNER: _____

Owner's Address/City/State/Zip: _____

Owner's Phone #: _____

CONTRACTOR'S NAME: _____

Address/City/State/Zip: _____

Contractor's Phone #: _____ EMAIL: _____

DESCRIPTION OF PROJECT: _____

(CHECK TWO): ATTIC _____ CLOSET _____ GARAGE _____ ROOF _____ OUTSIDE _____

THE FOLLOWING MUST BE COMPLETED UPON APPLICATION:

BRAND OF UNIT(S): _____

TON OF UNIT(S): _____

COOLING CAPACITY: ELECTRIC/GAS BTU'S _____

HEATING CAPACITY: ELECTRIC/GAS BTU'S _____

SCHEDULE OF FEES: _____ *VALUE OF WORK: \$ _____

** (Permit Fee Based on Above Value of Work)		
BASIC FEE.....	\$20.00	
APPLICATION FEE	\$10.00	
FIRST \$1,000 OF VALUE OF WORK.....	\$10.00	
EACH ADDITIONAL \$1,000 OR FRACTION.....	\$ 3.00	PERMIT FEE
		\$ _____

REINSPECTION FEES: (If required)
Reinspection fee is \$15.00 for the first reinspection, and the fee increases in increments of \$15.00 for each subsequent reinspection. (Ordinance 2240 adopted 11/10/03)

I HEREBY ACCEPT ALL CONDITIONS SET ABOVE AND CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE. APPLICANT ACKNOWLEDGES THAT SIGNATURES TRANSMITTED ELECTRONICALLY OR BY FACSIMILE TRANSMISSION HAVE THE SAME LEGAL EFFECT AS ORIGINALS.

Original Signature of State License holder _____ Printed Name _____ Date _____
(If Homeowner is applying for permit, Homeowner must sign above)

APPROVED BY: INSPECTOR _____ DATE APPROVED _____