

**DEPARTMENT OF BUILDING AND ZONING
OF COOK COUNTY, ILLINOIS**

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COMMISSIONER OF BUILDING AND ZONING
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HVAC PERMIT APPLICATION FOR FURNACE, BOILER & AC REPLACEMENT ONLY

Please address the following minimum requirements with respect to your permit application. The department of Building and Zoning now requires digital submissions for all applications and supporting documents. Applicants that have digital files in PDF format, 25MB or less are encouraged to email their submittals to: Intake.bnz@cookcountyil.gov

| CONTRACTOR AND JOBSITE INFORMATION | | | |
|---|------------------|---|-------------------------|
| HVAC Contractor Name | | | Cook County Reg. Number |
| Contractor Address | Phone | Email: | |
| Property Owner / Management Co / Condo Association Name | | | |
| Property Owner Address | Building or Unit | Property Real Estate Index Number (PIN) | |
| Installation location (Ex. Roof, basement, yard) | Phone | Email: | |

Complete what is applicable:

| EXIST. EQUIPMENT TO BE REPLACED / REPAIRED: | | NEW EQUIPMENT TO BE INSTALLED: | |
|---|--|--------------------------------|--|
| FURNACE | Manufacturer: | FURNACE | Manufacturer: |
| | Model: | | Model: |
| | AFUE: | | AFUE: |
| BOILER | Manufacturer: | BOILER | Manufacturer: |
| | Model: | | Model: |
| | AFUE: | | AFUE: |
| COND. UNIT | Manufacturer: | COND. UNIT | Manufacturer: |
| | Model: | | Model: |
| | SEER: | | SEER: |
| | Replace Evaporator Coil? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Replace Refrigeration Lines? Yes <input type="checkbox"/> No <input type="checkbox"/> |

TOTAL ESTIMATED COST OF INSTALLATION, REPAIR OR REPLACEMENT: \$ _____

HVAC PERMIT APPLICATION FOR FURNACE, BOILER & AC REPLACEMENT ONLY (CONTINUED)

Please carefully review the questions and statements below and complete fields and check the appropriate box to agree to conditions for the installation(s):

| INITIAL | CONDITIONS |
|---------|---|
| A | Describe location of new equipment in room/roof and the placement of such equipment (on existing housekeeping pad? no pad? placed on something else such as a frame or curb? somewhere else in the room or roof?). LOCATION: _____ |
| B | Agree to that placement of equipment and any new duct, flue, pipes, hangers, clamps or any new supporting equipment will not reduce or obstruct exit egress requirement within and from the space. |
| C | Agree to that placement of equipment and any new duct, flue, pipes, hangers, clamps or any new supporting equipment will not obstruct or remove any egress signage and/or access to emergency equipment. |
| D | Agree to that existing pipes, flues, combustion air intake, chimney, ducts, louvers, supports and any components or equipment to be reused or to be tapped into are verified to be of capacity, in compliance and compatible to new equipment specification for the safe and optimum operation of the new equipment. |
| E | Agree to that no fire or structural components (such as fire proofing, load bearing wall, fire wall/ceiling, steel columns and others) are damaged or removed during removal and installation of equipment and if damaged, are required to be replaced in kind both in fire rating and load bearing capacity. State that if new openings are made through fire rated assemblies, such openings must be fire protected to maintain the integrity of the fire rated assemblies (Submit UL design number as required) _____ |
| F | Agree to that all new and additional loads resulted from placement of equipment and any new duct, flue, pipes or any new supporting equipment are accounted for and will not compromise or cause the failure to the existing building components, members or assemblies such as beams, joists, hangers, fasteners, base plates and others. If the equipment are to replace existing at the same location, verify that the existing conditions are capable of attaching and supporting the new load points and imposed loads (please note – new equipment may have different load points and may adversely affect the load supporting members even when the equipment is equal or less than the original). |
| G | Indicate the quantity, type (furnace, boiler, air handler, AC unit, etc.), size (btu, tons, etc.), operational type (low pressure, high pressure, etc.) and capacity (CFM, etc.) of equipment being installed. QUANTITY _____ TYPE(S) _____ SIZE: _____ OPERATION TYPE: _____ CFM: _____ |
| H | Indicate whether there are any changes to supply and return distribution (such as ductwork) system. CHANGES TO SUPPLY: Yes <input type="checkbox"/> No <input type="checkbox"/> CHANGES TO RETURN: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I | Indicate any asbestos or ACM to be disturbed during installation of permitted work or no such material at site. PRESENCE OF ASBESTOS OR ASBESTOS CONTAIN MATERIAL IN AREA –OF-WORK Yes <input type="checkbox"/> No <input type="checkbox"/> |
| J | Provide information to indicate the new equipment performance/efficiency is in compliance with 2018 IECC Section C403 for commercial energy efficiency or with 2018 IECC Section R403.7 for residential detached one- and two-family and multiple single family dwellings (townhouses) as well as Group R-2, R-3 and R-4 energy efficiency ATTACH TECHNICAL DOCUMENTS OR SPECIFICATIONS DEMONSTRATING COMPLIANCE |
| K | Indicate whether there are any changes from existing to new equipment capacity (ton and BTU) and supply and return distribution (such as ductwork) system between the existing and replacement. If equipment capacity changes are beyond 15%, justification is required (example – premises has recently upgraded insulation, hence smaller equipment is possible). Yes <input type="checkbox"/> No <input type="checkbox"/> |

I certify that I agree to the above statements and information in this application are true and correct to the best of my knowledge and belief; and, that all construction work under the proposed permit will conform to the drawings and specifications attached to this application. Contractor to provide a signed letter of intent.

PRINTED NAME _____ SIGNATURE _____ DATE _____