

CITY OF CHICAGO  
**DEPARTMENT OF BUILDINGS**  
**Application for Ventilation/Heating  
 Equipment Replacement Permit**

**PROJECT INFORMATION**

Application Number \_\_\_\_\_

Description of Work: \_\_\_\_\_

**PROPERTY INFORMATION** Address: \_\_\_\_\_

**APPLICANT/CONTACT INFORMATION:** Building Owner  Owner Occupied

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor's Company: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**FEE EXEMPTION REQUEST**

If you have applied to have this project exempt from permit fees, please enter City Council information here.

Date Introduced: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Journal No. \_\_\_\_\_

Occupancy Class—select one

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> A1 Residential    | <input type="checkbox"/> C2 Small Assembly   | <input type="checkbox"/> F Mercantile           | <input type="checkbox"/> H2 Storage Med. Hazard |
| <input type="checkbox"/> A2 Residential    | <input type="checkbox"/> C3 School           | <input type="checkbox"/> G1 Indust. Low Hazard  | <input type="checkbox"/> H3 Garage              |
| <input type="checkbox"/> B Institutional   | <input type="checkbox"/> D Open Air Assembly | <input type="checkbox"/> G2 Indust. Med. Hazard | <input type="checkbox"/> I Hazardous            |
| <input type="checkbox"/> C1 Large Assembly | <input type="checkbox"/> E Business          | <input type="checkbox"/> H1 Storage Low Hazard  | <input type="checkbox"/> J Misc Building        |

**Supply Equipment**

Equipment Type	Manufacturer	Model No.	Type of Heat	A/C Equipment Y/N	Location of Equipment



Location Supplied	Plan CFM	Ordinance Rated CFM	Rated BTU In/output/hr	Duct Size Outsize Air Intake	Unit of Measure of Duct (sq. ft. or sq. inches)	Square Ft. of location served

**Exhaust Equipment**

Exhaust From Location	Manufacturer	Model No.	Equipment Location	Fan Type	Type of Discharge

Plan CFM	Ordinance Rated CFM	Square Feet of Location Served	Location of Termination Duct	Area of Discharge Duct (sq. ft. or inches)

**Commercial Heating/Residential Warm Air Furnace Equipment**

Type of Equip. (Commercial Heat or Res. Warm Air Furn.)	Manufacturer	Model	Location Served	Use of Space	Location of Unit	Fuel Burning Type

Calculated BTU Heat Loss (BTU/Hr.)	Rated BTU In/Output per Hr.	Basis of Calculation (ASHRAE, City of Chicago, Manual)	Size of Flue	Flue Efficiency (Standard or High)	Combustion Air Size Intake	Type of Flue	Is Flue New or Existing	Flue Location

The undersigned hereby certifies that the statements in this application are true and correct to the best of my knowledge and belief. Any inaccurate information provided on this application may be grounds for revocation of the permit and *subject to further penalties as provided by law*. I further certify that the installation or construction will comply with all applicable requirements of the Municipal Code of Chicago, whether completed by the contractor or the owner, and that it will heat the rooms or spaces to an inside temperature of 70 degrees F when the outside temperature is -10 degrees F (Sections 13-184-020 and -030). I also acknowledge that I will be responsible for correcting any deficiencies found in the installation or construction.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_