

CITY OF ELYRIA RESIDENTIAL MECHANICAL APPLICATION

Job Location	Date Stamp
Address _____	
Lot/Unit/Suite No. _____ Subdivision _____	

Owner Information

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Mobile (_____) _____ Email _____

Contractor Information

Name _____ DBA _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Mobile (_____) _____ Email _____

Mechanical Fees

1. Application fee	\$ 15.00	15.00
2. New Single-family dwelling	\$ 135.00	_____
3. New 2 and 3 family dwellings (<i>per dwelling unit</i>)	\$ 67.50	_____
4. Furnace/Boiler replacement/ Mini Split (<i>Attach Manufactures Spec</i>)	\$ 55.00	_____
5. Central Air Conditioning (<i>List Tonnage /Size/ location</i>)	\$ 55.00	_____
6. Duct work (<i>per Heating/AC unit</i>)	\$ 35.00	_____
7. Room heater, Wood burner, Fireplace (<i>Spec Needed</i>)	\$ 35.00	_____
8. Alterations or Repair. <i>Please be specific.</i>	\$ 35.00	_____

(e.g.: flue liner install, relocation of flue vent, etc.)

Note: Per the 2019 Residential Code of Ohio, Section 315.2.2 Alterations, repairs and additions. In existing dwelling units, having fuel-fired appliances or an attached garage, where an application for approval is required for work involving any of the following areas or systems within that dwelling unit, the individual dwelling unit shall be equipped with carbon monoxide alarms located as required for new dwellings: 1. *The addition or creation of a new sleeping room.* 2. *An alteration of a sleeping room.* 3. *An alteration in the immediate vicinity outside of a sleeping room;* 4. *An addition of, or an alteration to, an attached garage;* 5. *An addition, alteration, repair or replacement of a fuel-fired appliance.*

Subtotal	_____	
State Fee 1% of Subtotal	_____	\$ _____
Total Cost	_____	(Cost of Proposed Work)

(Scope of work, please be specific) _____

Signature of Owner: _____ . **Print:** _____ .

Signature of Agent: _____ . **Print:** _____ .

Date: _____ .

Date Approved. _____ Inspectors Initials. _____ Zoning _____ Receipt No. _____ Permit No. _____

Date Denied. _____ Comments. _____