

HEATING / AIR CONDITIONING PERMIT

Date: _____ Initial Inspection Date: ____/____/20____

Prior to beginning the work referred to in this permit, please contact the City of Macomb Building Inspector at 309-833-4944 or 309-318-0424

Property Owner: _____

Property Address: _____

Contractor: _____

Contractor Phone Number: _____

Item: Units under 200,000 B.T.U. input	Fee	
Furnace	\$7.50	\$ _____
Boiler	\$7.50	\$ _____
Conversion Burner	\$7.50	\$ _____
Air Conditioner	\$7.50	\$ _____
Other HVAC related work	\$7.50	\$ _____

Units with B.T.U. ratings in excess of 200,000	
\$.05 per 1,000 addition, with a maximum fee of \$25.00	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Fees	\$ _____

**Building Inspector or
Community Development Coordinator**

Permit #