

TOWN OF HIGHLAND
APPLICATION FOR HEATING & COOLING PERMIT
PHONE 219-972-7595 FAX 219-972-5097



Date: ____/____/____

Permit # _____

CONTRACTOR'S NAME: _____

PHONE # _____

PROPERTY OWNER: _____

PHONE # _____

PROJECT ADDRESS: _____

Describe work to be done: _____

New Furnace: _____ New Air Conditioner: _____

Replacement Furnace: _____ Replacement Air Conditioner: _____

Are these Roof Top Units: _____ If So how many? _____

Boiler: _____ In floor heating coils: _____

Ansel Hood Suppression System: _____

Commercial Hood System: _____

If this is a remodel permit how many inspections will there be? _____

Contractor's Signature: _____ Date: _____

Permit Fee: _____

Inspection Fee: _____

Total Fee: _____

Approved: _____ Date: ____/____/____