



Fire Department / Building Safety
307 South Randolph St.
Champaign, IL 61820
P (217) 403-6100 • F (217) 403-6114

1&2 Family Dwelling e-HVAC Permit Application

Project Address: _____

Owner: _____ Phone: _____

Contractor: _____ Phone: _____ Fax: _____

Address: _____ E-mail: _____

Work is for:

New

Alteration

Replacement

Check Fireplace

Heating

Ventilating

Air Conditioning

Application Date: _____ Total Contract Price: \$ _____

HVAC = \$13 per \$1,000 of Contract Price (Min. fee=\$55.00)

Fireplace/Wood Stove = \$45 per unit

Permit Fee: \$ _____

(check box) - I have read and confirm the following statement.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and we agree to conform to all applicable laws of this jurisdiction.