



Village of Chagrin Falls – Building Department
RESIDENTIAL MECHANICAL PERMIT APPLICATION

Village Hall 21 W. Washington St. Chagrin Falls, OH 44022
Phone # 440-247-5050 – Fax # 440-247-2082

Building Inspector: Harry Edwards Email: Harry@chagrin-falls.org Direct: 440-247-3156
Building Administrative Assistant: Katie Knauff Email: Katie.Knauff@chagrin-falls.org

Permit # _____
Approved by: _____

Total Due: _____

General Requirements:

- 1) Mech Permit fee for additions/alterations = \$50; A/C units add \$5/per ton (ROUND UP); New Dwelling fee = \$100 (see below).
2) Site Plan MUST BE submitted with this form, showing location of condenser. SIDE & REAR YARDS ONLY.
3) The RCO systems description form, listed below, may be submitted in lieu of fully detailed plans for HVAC systems.
4) For NEW construction or REMODELS to bathroom/kitchen/home where a minor building permit is required, please use combination residential building permit application form. The general contractor is to pull all permits for job for whole job.
5) This permit application is for when Mechanical work only is taking place.
6) Contractors must be registered with the Village of Chagrin Falls PRIOR TO START DATE.
7) INSPECTIONS MUST BE SCHEDULED FOR DAY OF INSTALLATION/JOB COMPLETION DAY.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED. SEE ABOVE FOR ADDITIONALLY REQUIRED INFORMATION.

Address of Jobsite: _____ Est. Cost of Construction: \$ _____ Start Date: _____

Description of Work: _____

PROPERTY OWNER'S INFORMATION:

Name: _____ Email: _____
Address: _____ Phone #: _____

CONTRACTOR'S INFORMATION:

Name: _____ Email: _____
Address: _____ Phone #: _____

APPLICANT'S INFORMATION: (If applicant is the property owner or contractor please indicate)

Name: _____ Email: _____
Address: _____ Phone #: _____

Residential Code of Ohio (RCO) Systems Description Form – HVAC System Description

Table with 4 columns: Heating Equipment Type, Size & Efficiency; Design Heat Loss (Btu/h); Type of Fuel; Location of Equipment. Includes sections for Cooling Equipment and Area of Conditioned Space/Duct Size.

Signature of Applicant

Date