



**City of North Liberty
 Dept. of Building Safety
 319-626-5713**

| PERMIT APPLICATION TO REPLACE EXISTING FURNACE OR AC UNIT PERMIT FEE \$23.50 | | |
|--|---------|-----------|
| JOB SITE ADDRESS | | |
| | | |
| APPLICANT'S INFORMATION | | |
| Name: | | |
| Company Name: | | |
| Current address: | | |
| City: | State: | ZIP Code: |
| Phone: | Email: | |
| PROPERTY OWNER'S INFORMATION | | |
| Name: | | |
| Property Address: | | |
| Phone: | E-mail: | |
| City: | State: | ZIP Code: |
| INSTALLER'S INFORMATION | | |
| Company Name: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| <i>State of Iowa Code states a person shall not operate as a contractor or install or repair plumbing, HVAC, refrigeration, or hydronic systems without obtaining a license issued by the State of Iowa Plumbing and Mechanical Systems Board</i> | | |
| SPECIFY TYPE OF EQUIPEMENT | | |
| | | |
| APPLICANT ACKNOWLEDGMENT | | |
| I hereby apply for a permit and I acknowledge that the information provided here in is completed and accurate; that the work will be in conformance with the federal, state and local applicable codes; that I understand this is not the permit but only an application for a permit and work is not to start without a permit; I understand the city must perform inspection when all work is completed. | | |
| Name: | | Date: |
| STAFF USE ONLY | | |
| Received By: | Date: | Fee Paid: |