



CITY OF TOLEDO

Building Inspection

One Government Center, Suite 1600 • Toledo, OH 43604 • Phone (419) 245-1220 • Fax (419) 245-1329 • onestopshop@toledo.oh.gov

REFRIGERATION PERMIT APPLICATION

Commercial and Multi-Family

Job Address _____ Occupancy: <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family; No. Units ____ Location of Work _____	Class of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Alterations <input type="checkbox"/> Addition	Associated Permits Building Permit _____ Zoning Certificate _____	Date: _____ Refrigeration Permit # _____
Owner's Name _____		Contractor's Name _____	
Owner's Address _____		Contractor's Address _____	
City, State, Zip _____		City, State, Zip _____	
Phone No. _____		Phone No. _____	
Fax No. _____		Fax No. _____	
Email Address _____		Email Address _____	
		Contractor's License No. _____	

WORK DESCRIPTION						
REFRIGERATION PACKAGE SYSTEMS	Unit 1 Tons	Unit 2 Tons	Unit 3 Tons	Quantity	\$60.00 each (5 tons or less) Plus \$10 per ton more than 5 ton	Total
<input type="checkbox"/> Cooler						
<input type="checkbox"/> Ice Machines						
<input type="checkbox"/> Freezers						
<input type="checkbox"/> Milkshake						
<input type="checkbox"/> After Cooker (Air Dryer)						
<input type="checkbox"/> Other						
Manufacturer _____	Condensate disposal _____ floor drain, footer, pumped outside, sink, other		Equipment Location _____		Access (i.e. ladder) _____	
REFRIGERATION SPLIT SYSTEMS	Unit 1 Tons	Unit 2 Tons	Unit 3 Tons	Quantity	\$55.00 each (5 tons or less) \$80.00 each (6 tons or more)	Total
<input type="checkbox"/> Cooler						
<input type="checkbox"/> Ice Machines						
<input type="checkbox"/> Freezers						
<input type="checkbox"/> Milkshake						
<input type="checkbox"/> After Cooker (Air Dryer)						
<input type="checkbox"/> Other						
Manufacturer _____	Condensate disposal _____ floor drain, footer, pumped outside, sink, other		Equipment Location _____		Access (i.e. ladder) _____	
ALTERATIONS / REPLACEMENTS TO REFRIGERATION SYSTEM				Quantity	\$50.00 each	Total
<input type="checkbox"/> Compressors <input type="checkbox"/> Condensers <input type="checkbox"/> Evaporator Coils <input type="checkbox"/> More than 50' of Line Set <input type="checkbox"/> Other						
PLAN REVIEW				Quantity	\$75.00 each	Total
Permit Fee (\$75 minimum permit fee. Add for differential, if appropriate)						
3% State of Ohio surcharge						
Other Fee (i.e., re-inspection fee) \$50.00 each						
Total Permit Fee						

Comments: _____

Warning: The approval of plans by any officer or employee of this department procured by misrepresentation of facts or conditions does not legalize any illegal construction or agreement. In consideration of the granting of this permit, I/we, agree to save the City of Toledo harmless from any and all damages. I/we do hereby covenant and agree to construct said work and make said installations in all respects in compliance with the provisions of the Statutes of the State of Ohio and the Ordinances of the City of Toledo, and that all statements made are correct and true. I (we) agree to comply with all orders of the Division of Building Inspection. The undersigned further agrees to dispose of all construction waste material in accordance with applicable City laws.

Owner's Signature _____

Date _____

Signature of Registered Contractor _____

Date _____