



DATE SUBMITTED: ___ / ___ / ___

CITY OF SONORA HVAC PERMIT APPLICATION

OWNER OF PROPERTY: _____

PHONE # _____ CELL # _____ FAX # _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PROJECT ADDRESS: _____

CONTRACTOR: _____ LICENSE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ CELL # _____ FAX # _____

EMAIL ADDRESS: _____

DESCRIPTION OF WORK:

FURNACE	<100,000 BTU	<input type="checkbox"/>	>100,000 BTU	<input type="checkbox"/>
A/C	<100,000 BTU	<input type="checkbox"/>	>100,000 BTU	<input type="checkbox"/>
AIR HANDLER	<10,000 CFM	<input type="checkbox"/>	>10,000 CFM	<input type="checkbox"/>

AFUE: _____ SEER: _____ EER: _____

OWNER SIGNATURE: _____

CONTRACTOR SIGNATURE: _____

AGENT SIGNATURE: _____

(OVER FOR CITY USE ONLY)

OFFICIAL USE ONLY

APN # _____ ZONING: _____

DUCT TESTING REQUIRED? YES NO

INCREASED DUCT INSULATION? YES NO

TABLE 8-3: Alternatives to Duct Sealing and Refrigerant Charge Measurement

	Option 1	Option 2	Option 3
Climate Zone	0.92 AFUE	SEER-14 & EER-12, with either TXV or refrigerant charge measurement, plus Increased Duct Insulation	SEER-14 & EER-12 with either TXV or refrigerant charge Measurement, plus either 0.92 AFUE or 0.82 AFUE with Increased Duct Insulation
C12	Yes	No	Yes