

APPLICATION FOR PERMIT

Air Conditioning Ventilation

Please submit an original and a duplicate copy of this application with one set of plans. The duplicate copy will be returned after review if permit is granted. Attach additional pages if more data is required.

I hereby apply for a permit on the project described below and enclose plans which were prepared by me or under my direct supervision, I certify that to the best of my knowledge the design is in complete accordance with the Air Conditioning and Ventilation Regulations of the Hawaii State Department of Health (Except as noted under "Remarks").

FIRM & ENGINEER				PROJECT			
Firm: _____ Engineer's Name: _____ Address: _____ City/State: _____ Zipcode: _____ Phone: _____				Name: _____ Address: _____ City/State: _____ Zipcode: _____ Tax Map Key: _____			
Type of Occupancy: _____				Design Out: _____ DB _____ WB Conditions In: _____ DB _____ % RH			
Unit or Zone No. *						Project Total	
Area Served (Name)							
Conditioned Area, Sq. Ft.							
Persons Occupying							
Outdoor Air, CFM							
Supply Air, CFM							
Zone Total Heat, BTUH							
Unusual Heat, BTUH							
Equipment Capacity, Tons							
Exhaust : CFM							
: Location							
Remarks:							
DEPARTMENT OF HEALTH SECTION				ENGINEER'S CERTIFICATION			
Permit for installation, alteration or operation is granted in accordance with this application and its accompanying plans. This permit is revocable for cause. Within 60 days after completion of the system, the applicant shall notify the Department of Health in writing that the system is installed and operating substantially as designed.				Signature: _____ Date: _____			
Signature: _____ Name: _____ Title: _____				_____ Engineer's seal shall be affixed			
PERMIT NO.		DATE:					
Remarks: _____ _____ _____							