

RESIDENTIAL SYSTEMS DESCRIPTION FORM

City of Cleveland Division of Construction Permitting

601 Lakeside Avenue, City Hall Room 505 Cleveland, Ohio 44114-1070 Phone: (216) 664-2910



This form may be submitted in lieu of HVAC, plumbing, and electrical plans in new construction, additions, and renovations of 1-, 2-, and 3-family dwellings. Identify new and replacement equipment only; do not list existing equipment.

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|---|------------------------------|
| PROJECT ADDRESS: | BUILDING PERMIT No. B |
| OCCUPANCY: <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY <input type="checkbox"/> 3 FAMILY | |
| NATURE OF JOB: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Correct Violation <input type="checkbox"/> Replacement | |

HEATING, VENTILATION AND AIR CONDITIONING SYSTEM DESCRIPTION

| | | | | | |
|---------------------------|------------------|--|-------------------------------------|---|--------------------------------------|
| FURNACE | Location | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> Attic | <input type="checkbox"/> Other |
| FURNACE: | Fuel Type | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Other | |
| | AFUE Rating | <input type="checkbox"/> 80% <input type="checkbox"/> 90%+ | <input type="checkbox"/> Other | Capacity: | BTUs |
| AIR CONDITIONING | Capacity: | Tons | Seer Rating: | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 | |
| FIREPLACE/STOVE: | Fuel Type | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Wood | <input type="checkbox"/> Other |
| | Flue Type | <input type="checkbox"/> Masonry, Lined | <input type="checkbox"/> Metal | <input type="checkbox"/> B-Vent | <input type="checkbox"/> Direct Vent |
| DUCTWORK | | <input type="checkbox"/> Sheet metal | <input type="checkbox"/> Duct Board | | |
| GAS METER | Location | <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> L Side | <input type="checkbox"/> R Side | <input type="checkbox"/> Other |
| VENT TERMINATIONS: | Dryer | <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> L Side | <input type="checkbox"/> R Side | <input type="checkbox"/> Other |
| | Furnace | <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> L Side | <input type="checkbox"/> R Side | <input type="checkbox"/> Other |
| | Water Heater | <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> L Side | <input type="checkbox"/> R Side | <input type="checkbox"/> Other |
| | Kitchen Exhaust | <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> L Side | <input type="checkbox"/> R Side | <input type="checkbox"/> Other |
| | Bathroom Exhaust | <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> L Side | <input type="checkbox"/> R Side | <input type="checkbox"/> Other |

PLUMBING SYSTEM DESCRIPTION

| ITEM | No. | ITEM | No. | ITEM | No. |
|-----------------------|-----------|---|--------------------------------------|--------------------------------|--------------------------------------|
| Water Closets | | Laundry Tub | | Pressure Reducing Valves | |
| Lavatory Sinks | | Floor Sink | | Garbage Disposal | |
| Hot Tub | | Sump Pump | | Clothes Washer | |
| Kitchen Sinks | | Floor Drain | | Dishwasher | |
| Bathtub/showers | | Hot Water Heater | | Backflow Device | |
| WATER HEATER: | Location | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> Attic | <input type="checkbox"/> Other |
| | Fuel Type | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Other | |
| | Capacity | BTUs | <input type="checkbox"/> Tankless | | |
| WATER SERVICE: | Type | <input type="checkbox"/> Copper | <input type="checkbox"/> PVC/Plastic | <input type="checkbox"/> Other | <input type="checkbox"/> Extend Line |
| | Size | <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" | | | |

ELECTRICAL SYSTEM DESCRIPTION

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|----------------------------------|-----------------------------------|------------------------------------|--------------------------------|---------------------------------|---------------------------------|--------------------------------------|-----------------------------------|
| SERVICE: | Location | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> L Side | <input type="checkbox"/> R Side | <input type="checkbox"/> Underground | <input type="checkbox"/> Overhead |
| | Size | AMPs | No. 120v Circuits | No. 240v Circuits | | | |
| SERVICE CONDUCTORS: | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | | Size AWG | | | |
| GROUNDING ELECTRODES: | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | | Size AWG | | | |
| MAIN DISCONNECT LOCATION: | <input type="checkbox"/> Basement | <input type="checkbox"/> 1st Floor | <input type="checkbox"/> Other | | | | |
| ELECT. BASEBOARD HEATING: | No. of Units | | | | | | |

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|-----------------------------------|--------------|
| CONTRACTOR/HOMEOWNER NAME (PRINT) | COMPANY NAME |
| CONTRACTOR/HOMEOWNER SIGNATURE | DATE |
| APPROVED BY | DATE |

