

Mechanical Systems Description Form

This Mechanical Systems Description Form must accompany your application along with all other documentation required for a Residential Plan Approval and Building Permit. This form meets the requirements of Section 106 of the Residential Code of Ohio and shall become part of the Construction Documents.

Job Site Address: _____

Single Family Dwelling
 Duplex
 3-plex
 Other
Total Sq Ft _____
 Total Sq Ft per Unit: _____
 Total Sq Ft per Unit: _____
 Total Sq Ft : _____

HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

Contractor: _____ License #: _____

Total Number of Units to be Installed: _____

- | | | | | |
|---|--|-------------------------------------|---|--------------------------------|
| 1. Furnace: | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND FLR | <input type="checkbox"/> _____ |
| 2 nd Furnace: | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND FLR | <input type="checkbox"/> _____ |
| 2. Water Heater: | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND FLR | <input type="checkbox"/> _____ |
| 3. Condensing Unit: | <input type="checkbox"/> Front yard | <input type="checkbox"/> Rear yard | Side yard: <input type="checkbox"/> Right <input type="checkbox"/> Left | |
| 4. Gas Meter: | <input type="checkbox"/> Front yard | <input type="checkbox"/> Rear yard | Side yard: <input type="checkbox"/> Right <input type="checkbox"/> Left | |
| 5. Vent Terminals: | | | | |
| Furnace: | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | Side yard: <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> _____ |
| Water Heater: | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | Side yard: <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> _____ |
| Dryer: | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | Side yard: <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> _____ |
| 6. Furnace AFUE Rating: | | <input type="checkbox"/> 80% | <input type="checkbox"/> 90%+ | |
| 7. Furnace/Water Heater Capacity: BTU's | _____ | | | |
| 8. Fuel Type: | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> L.P. | <input type="checkbox"/> Electric | |
| 9. Ductwork Type: | <input type="checkbox"/> Sheet metal | <input type="checkbox"/> Duct board | | |
| 10. Air Conditioner Capacity: _____ Ton | | | | |
| 11. Air Conditioning SEER Rating: | <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> _____ | | | |

Fireplace Installer: _____ License #: _____

Number of Fireplaces: _____

- Solid i.e. Woodburner
 Vent free - Logs
 Vented

ELECTRICAL SYSTEM

Contractor: _____ License #: _____

Service

- | | | | | |
|-------------------|--------------------------------------|-----------------------------------|---|--------------------------------|
| 1. Location: | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND FLR | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Underground | <input type="checkbox"/> Overhead | | |
| 2. Size of Panel: | <input type="checkbox"/> 100 amp | <input type="checkbox"/> 150 amp | <input type="checkbox"/> 200 amp | <input type="checkbox"/> _____ |

INITIAL AND SIGN BELOW AS APPLICABLE

_____ There is to be no proposed electrical or HVAC improvements involved with this project. If circumstances change, I am aware that only HVAC and electrical contractors licensed in Mahoning County are authorized to perform HVAC/electrical work in Mahoning County and will submit for approval and permit at that time.

_____ The above described project will be installed by Mahoning County licensed HVAC and/or electrical contractors.

_____ I am the bonafide owner of the single-family dwelling for which improvements are proposed and I will be personally performing all work upon the premises. As such, I am applying for a homeowner's exemption and have attached the required affidavit. I shall conform to all requirements of Section 4.1.7 of the Mahoning County Building Regulations.

The information provided herein is true and correct to the best of my knowledge and belief.

_____ * Signature of Owner or Owner's Agent

_____ Date

Plan Reviewer/Date: _____

Mahoning County Building Department, 50 Westchester Dr. Room 201, Youngstown OH 44515
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