

# AGOURA HILLS RESIDENTIAL HEATING AND AIR CONDITIONING PERMIT APPLICATION

(Due to the new State Energy Regulations this detailed information is required)

Project Address: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Applicant: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Contractor: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 License No: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Description of work: \_\_\_\_\_

- |   |  |
|---|--|
| _____ Furnace/AC – Up to 100,000 BTU<br>_____ Furnace/AC – Up to 100,000-500,000 BTU<br>_____ Furnace/AC – Over 500,000 BTU<br>_____ Air Inlets and Outlets<br>_____ Install, Relocate, Replace Vents<br>_____ Evaporative Cooler | _____ Air Handling Unit – Up to 2,000 cfm<br>_____ Air Handling Unit – 2,000-10,000 cfm<br>_____ Air Handling Unit – Over 10,000 cfm<br>_____ Ventilation System<br>_____ Alteration of Exiting System |
|---|--|

**Check and/or fill in all applicable information;**

**Note:** All of the alterations below require that duct testing and sealing be performed

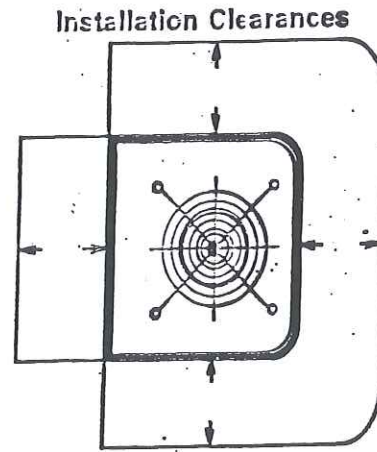
- Installing or replacing A/C condensing unit. (Requires compliance with Sec.152 (b) 1.E
  - New location,     Existing location
- Installing or replacing indoor evaporative coil. (Requires compliance with Sec.152 (b) 1.E
- New or replacement forced air furnace (FAU) (Requires compliance with Sec.152 (b) 1.E
- Adding or replacing >40' of ducting. (Requires compliance with Sec.152 (b) 1.D

Cooling Equip.	Make and Model #	Efficiency SEER	Cooling Load BTU/hr	Cooling Capacity BTU/hr
Condenser				
Coil				
Package				

**Refrigerant line set**

Length of Line Set: \_\_\_\_\_  
 Size of Existing Line Set: \_\_\_\_\_ Suction Line: \_\_\_\_\_ Liquid Line: \_\_\_\_\_  
 Req. Size by Manufacturer: \_\_\_\_\_ Suction Line: \_\_\_\_\_ Liquid Line: \_\_\_\_\_

**\*Fill in spaces for all required clearances:**



Heating Equip.	Make and Model #	Efficiency AFUE	Heating Load BTU/hr	Heating Capacity BTU/hr
Upflow				
Horizontal				
Package				

**List method used for sizing equipment.** (Sec.144 of the 2005 Energy Regulations)

(Check one)  ASHRAE Manual,  SMACNA Manual,  ACCA Manual

**New or replacement ducting.** (Min. R-6 duct insulation)

Duct location	Total Length	Duct R-value

**Check compliance methods to be utilized.**

- Duct sealing and diagnostic testing. (Field verification by a HERS rater req.)
- Refrigerant charge measurement. (Field verification by a HERS rater req.)

**NOTE:** A CF-6R form will be required at time of inspection and a CF-4R form required from the HERS rater prior to final.

I, the undersigned, verify that the equipment, material and information noted above is correct and the actual equipment and materials to be utilized at the project address noted on this application.

Installing Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



AGOURA HILLS

30001 Ladyface Circle  
Agoura Hills, CA 91301

# ZONING CLEARANCE

Date: \_\_\_\_\_

## PARCEL INFORMATION

Assessor's Parcel Number: \_\_\_\_\_ Address Map No: \_\_\_\_\_

Zoning: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Homeowners Association:  Required  Not Required

Name of HOA \_\_\_\_\_

## SITE PLAN CODE REQUIREMENTS

**Proposed Use:**

Retail

Office

Medical

Restaurant

Gym/Studio

Residential

**Setbacks**

Front: \_\_\_\_\_

Sides: Left: \_\_\_\_\_ Right: \_\_\_\_\_

Rear: \_\_\_\_\_

Square Footage \_\_\_\_\_

Building Height \_\_\_\_\_

Existing Lot Coverage: \_\_\_\_\_

Proposed Lot Coverage: \_\_\_\_\_

### Oak Trees

Number of Oak Trees: \_\_\_\_\_

Distance from project: \_\_\_\_\_

### Grading:

Is there earth to be moved? \_\_\_\_\_

More or less than 50c.y.? \_\_\_\_\_

## PARKING

Commercial  Office  Medical  Restaurant  Gym/Studio  Residential

1/300 sq ft 5/1000 sq ft 15/1000 sq ft 1/220 sq ft 2 Covered Spaces

Original Approval Count: \_\_\_\_\_ Current Count: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ Proposed Use Requirement: \_\_\_\_\_

I, the applicant, agree to the above-mentioned conditions and certify that the information provided is true and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Planner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_