



**FORM 1.4**

**VILLAGE OF NORTHBROOK**  
**Development & Planning Services**

1225 Cedar Lane  
Northbrook, Illinois 60062  
847 664-4050 FAX: 847 272-5068  
[www.northbrook.il.us](http://www.northbrook.il.us)

Permit #: \_\_\_\_\_  
Fee: \_\_\_\_\_

Minimum Fee: \$65.00

**Mechanical Application**

**Property Address** \_\_\_\_\_

**Owner** \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**HVAC Contractor** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Heating Work**

Describe Heating Work:  
\_\_\_\_\_

**Type of heating system:**

- |             |                              |   |   |
|-------------|------------------------------|---|---|
| Forced Air  | <input type="checkbox"/> New | <input type="checkbox"/> Existing system to be modified | <input type="checkbox"/> Existing – no change |
| Boiler      | <input type="checkbox"/> New | <input type="checkbox"/> Existing system to be modified | <input type="checkbox"/> Existing – no change |
| Other _____ | <input type="checkbox"/> New | <input type="checkbox"/> Existing system to be modified | <input type="checkbox"/> Existing – no change |

Describe modifications to an existing system:  
\_\_\_\_\_  
\_\_\_\_\_

Input \_\_\_\_\_ B.T.U./hr                      Output \_\_\_\_\_ B.T.U./hr

**Location of Heating Equipment**

- |  |   |
|--|---|
| <input type="checkbox"/> Basement  | <input type="checkbox"/> Roof                           |
| <input type="checkbox"/> _____ Floor (indicate level, i.e. 1 <sup>st</sup> , 2 <sup>nd</sup> ) | <input type="checkbox"/> Other location (specify _____) |
| <input type="checkbox"/> Attic   |   |

**Efficiency of heating system** \_\_\_\_\_ %

**Air Conditioning Work**

Describe Cooling Work:  
\_\_\_\_\_  
\_\_\_\_\_

- |  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| Is there existing cooling equipment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Will there be any new condensing equipment?<br>(if <b>YES</b> , describe location) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |

Cooling Capacity \_\_\_\_\_ tons

**Note:** Installation instructions and manufacturer's specifications must be available for Inspector's review at the time of H.V.A.C inspection.