

LOWER MERION TOWNSHIP

HVAC PERMIT APPLICATION

DISTRICT # _____

75 East Lancaster Avenue, Ardmore, PA 19003-2376 610-645-6200

LOCATION OF BUILDING	ADDRESS		
	<small>Number</small>	<small>Street</small>	<small>Town</small>
	FLOOR	STENO.	
TENANT			

- | <u>USE</u> | <u>TYPE OF CONSTRUCTION</u> | <u>SCOPE OF WORK</u> | |
|-------------------------------------------------|-------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> SINGLE FAMILY DWELLING | <input type="checkbox"/> NEW | <input type="checkbox"/> HVAC SYSTEM * | <input type="checkbox"/> GEOTHERMAL |
| <input type="checkbox"/> MULTI-FAMILY DWELLING | <input type="checkbox"/> ADDITION | <input type="checkbox"/> A/C UNIT(S) ONLY * | <input type="checkbox"/> SOLAR HOT WATER |
| <input type="checkbox"/> BUSINESS BUILDING | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> GAS HEATER | <input type="checkbox"/> GENERATOR * |
| <input type="checkbox"/> INSTITUTIONAL BUILDING | <input type="checkbox"/> REPAIR | <input type="checkbox"/> OIL HEATER | <input type="checkbox"/> TANKS/PUMP |
| <input type="checkbox"/> PUBLIC BUILDING | | <input type="checkbox"/> HEAT PUMP * | <input type="checkbox"/> DUCT WORK ONLY |
| | | | <input type="checkbox"/> CHIMNEY REPAIR |

NOTE: * SUPPLY PLOT PLAN SHOWING LOCATION OF OUTDOOR EQUIPMENT & FOOTAGE DISTANCE TO PROPERTY LINES.

DESCRIBE IN DETAIL, THE WORK TO BE PERFORMED:

PROPERTY OWNER _____	PHONE NO. _____
HVAC COMPANY NAME _____	PHONE NO. _____
CONTRACTOR'S NAME _____	CELL NO. _____
ADDRESS _____	CITY, ST _____
3rd PARTY INSPECTION AGENCY _____ <small>(IF NECESSARY)</small>	INSP. NAME: _____
COST OF WORK _____	FEE _____

NOTE: ALL ELECTRICAL WORK SHALL COMPLY WITH THE CURRENT NATIONAL ELECTRICAL CODE.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AUTHORIZED SIGNATURE APPLICATION DATE

DO NOT WRITE BELOW: (OFFICE USE ONLY)

APPROVED BY:	DATE ISSUED:	PERMIT #:	PERMIT FEE:
RECEIPT #:	EMPLOYEES: <input type="checkbox"/> YES or <input type="checkbox"/> NO	CURRENT CONTRACTORS LICENSE: <input type="checkbox"/> YES or <input type="checkbox"/> NO	

Permit No. _____ Plan No. _____

VER 3/13