

WARRINGTON TOWNSHIP

852 Easton Road, Warrington PA 18976
Phone: 215-997-7501 - Fax 215-343-5944

APPLICATION for HEATING, VENTILATION & AIR CONDITIONING PERMIT

PROPERTY INFORMATION

Application Date	Street Address	Submit (2) two copies of all new duct work with R-values and specifications of equipment with this application
------------------	----------------	--

PROPERTY OWNER INFORMATION

Last Name or Business Name	First Name	
Street Address, City, State, Zip		
Email:	Phone#:	Cell Phone#:

CONTRACTOR INFORMATION

Last Name or Business Name	First Name	
Street Address, City, State, Zip	Phone#:	Cell Phone#:
Email:	PA Registration #	

Type of Permit:	Air Conditioning		Heating (Gas or Oil)		Conversion	
	New Installation		Replacement			

Heating

Make/Model	AFUE
BTU	Size

Air Conditioning

Size of unit:	BTU	Make/Model
Seer:	Number of Units:	

Location of Equipment:

Describe work to be performed, including all materials being used:

CERTIFICATION

I hereby certify that I am the owner of record of the named property; or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Print Name of Owner/Applicant/Contractor Contact Phone #

Signature of Owner/Applicant/Contractor Fax#

DEPARTMENT APPROVALS

Plan Examiner:						Date	Fee
Building Official:						Date	