

**CHESTER HEIGHTS BOROUGH
HVAC PERMIT**

All stand alone applications must be accompanied by a signed contract between the contractor and the customer. (Please Print legible in ink.)

Street Address (Job) _____

Date _____

Property Owner _____ Address _____

Contractor Name _____ Phone # _____

Address _____

_____ **Email** _____

Please select one of the following: Residential _____ Commercial _____

New Building _____ Addition _____ Replace _____

All work shall conform to the International Mechanical CODE 2015 as applicable to the UCC

Master Electrician associated with this Job _____

Unit Make: _____ Model : _____ Efficiency: _____ %

Heating
Type of Fuel _____

BTU _____

Size of Exhaust Vent _____

Distance of Vent to Roof _____

From Joint _____

Size of fuel tank _____

Tank: Basement _____ Underground _____

A/C
Tonage

_____ of
Units _____
Roof
Top _____
Side
Yard _____
Rear
Yard _____
Existing
Ducts _____
New
Ducts _____

Comments

Contractors Signature _____ Cost of Job _____

Anticipated Start Date _____ Completion Date _____

UCC Fee _____ Permit Fee: _____ Total Fee _____

Permit # _____

Applicable Code: _____

Approved by: _____ Date: _____

email info@chesterheights.org or call Borough Office at 610.459.3400