

Chester Heights Borough
HVAC Permit

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

Street Address (Job) _____ Date _____
Property Owner _____ Address _____
Contractor Name _____ Phone # _____
Address _____
City / State _____ Zip _____
Email _____

Please select one of the following: Residential _____ Commercial _____
New Building _____ Addition _____ Replace _____

All work shall conform to the International Mechanical CODE 2006 as applicable to the UCC

Master Electrician associated with this Job _____

Unit Make: _____	Model: _____	Efficiency: _____ %
Heating _____		A/C _____
Type of Fuel _____		Tonage _____
BTU _____		# of Units _____
Size of Exhaust Vent _____		Roof Top _____
Distance of Vent to Roof _____		Side Yard _____
From Joint _____		Rear Yard _____
Size of fuel tank _____		Existing Ducts _____
Tank: Basement _____	Underground _____	New ducts _____

Comments _____

Contactors Signature _____ Cost of Job _____
Anticipated Start Date _____ Completion Date _____
UCC Fee _____ Permit Fee: _____ Total Fee _____ Permit # _____

Applicable Code: _____

Approved by: _____ Date: _____
Richard J. Jensen

Email Richard Jensen at rich085@outlook.com
in