

**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: \_\_\_\_\_  
\_\_\_\_\_  
Inspector

Email info@chesterheights.org