

SINKING SPRING BOROUGH

3940 Penn Avenue
Sinking Spring PA 19608
Phone (610) 678-4903 – Fax (610) 678-5802

HVAC PERMIT APPLICATION

Application No. _____

Date _____

Name of Owner: _____

Address: _____

Phone No. _____

Name of Contractor: _____ Phone _____

DESCRIPTION OF WORK TO BE PERFORMED:

<u>No.</u>	<u>Type of Installation</u>	<u>New</u>	<u>Replacement</u>	<u>Oil</u>	<u>Gas</u>	<u>Other</u>
___	Boiler-Steam/Hot Water	___	___	___	___	___
___	Furnace	___	___	___	___	___
___	Air Handler/Hot Air Furnace	___	___	___	___	___
___	A/C Condensing Unit	___	___	___	___	___
___	Self Contained	___	___	___	___	___
___	Gas Piping	___	___	___	___	___
___	Hot Water Heater	___	___	___	___	___
___	Other	___	___	___	___	___

Commercial _____ Residential _____

Estimated cost of work to be performed including labor, materials and equipment:

\$ _____

Signature of Applicant

Date

[] Approved [] Disapproved

Please provide a current "Certificate Of Insurance"

Review Performed by: _____
Joseph Boulanger, Plumbing/Mechanical Inspector

Permit issued By: _____
Michael D. Hart, Sinking Spring Borough, BCO