BOROUGH OF COLWYN
221 Spruce Street
Colwyn, PA 19023
Phone: 610-461-2000
www.colwynborough.com

HVAC PERMIT APPLICATION

PROPERTY ADDRESS: _____

SUMMARY OF PROPOSED WORK BEING PERFORMED: _____

_____

VALUE OF JOB: $ _____ TIME TO COMMENCE _____

PROPERTY OWNERS NAME _____ PHONE _____

ADDRESS _____

EMAIL _____

CONTRACTORS NAME _____ PHONE _____

ADDRESS _____

EMAIL _____

CONTRACTORS LICENSE # _____ EXPIRES: _____

PA HIC/LICENSE # _____ EXPIRES: _____

TYPE OF WORK (CHECK ALL THAT APPLY): _____

☐ FURNACE ☐ BOILER ☐ AIR CONDITIONER ☐ HEAT PUMP ☐ MINI-SPLIT ☐ CENTRAL AIR ☐ DUCTWORK ☐ VENTILATION ☐ EXHAUST FAN

☐ ERV / HRV ☐ GAS-FIRED EQUIPMENT ☐ OIL-FIRED EQUIPMENT ☐ ELECTRIC EQUIPMENT ☐ COMMERCIAL HVAC ☐ RESIDENTIAL HVAC

☐ REPLACEMENT ☐ NEW INSTALLATION ☐ OTHER: _____

EQUIPMENT MANUFACTURER: _____

MODEL NUMBER: _____

EQUIPMENT TYPE / SIZE (BTU / TONS): _____

EFFICIENCY RATING (AFUE / SEER / HSPF): _____

FUEL TYPE: ☐ GAS ☐ OIL ☐ ELECTRIC ☐ OTHER: _____

VENT / FLUE TYPE: _____ REFRIGERANT TYPE / CHARGE: _____

OUTDOOR UNIT LOCATION: _____ INDOOR UNIT LOCATION: _____

CONDENSATE DISPOSAL: _____

DUCTWORK / VENTILATION

NEW DUCTWORK: _____

MODIFIED DUCTWORK: _____

VENTILATION / EXHAUST SYSTEM: _____

_____

LIST ALL OTHER CONTRACTORS ON THE JOB.

PLUMBING_____ HEATER_____

AIR CONDITIONING_____ ELECTRICAL_____

ELECTRICAL / PLUMBING / GAS WORK ASSOCIATED WITH HVAC

☐ ELECTRICAL PERMIT REQUIRED ☐ PLUMBING PERMIT REQUIRED ☐ GAS WORK

INSPECTIONS

The applicant is responsible for requesting all required inspections. Depending upon the scope of work, inspections may include:

☐ ROUGH MECHANICAL ☐ DUCTWORK / VENTILATION ☐ GAS / FUEL PIPING ☐ EQUIPMENT ☐ FINAL MECHANICAL ☐ OTHER: _____

PLANS / DOCUMENTS SUBMITTED

☐ EQUIPMENT SPECIFICATIONS ☐ MANUFACTURER DATA ☐ LOAD CALCULATIONS ☐ DUCT LAYOUT ☐ GAS / FUEL PIPING PLAN

☐ VENTING / FLUE INFORMATION ☐ ENERGY CODE DOCUMENTATION ☐ OTHER: _____

PLAN REVIEW REQUIRED: ☐ YES ☐ NO

CONDITIONS / COMMENTS:

_____

_____

APPLICANT NAME: _____

SIGNATURE:_____ DATE: _____

FALSE INFORMATION PROVIDED IN THE APPLICATION PROCESS WILL RESULT IN IMMEDIATE REVOCATION OF THE LICENSE AND PERMIT.

RECEIVED DATE: _____ RECEIVED BY: _____ ☐ APPROVED ☐ DENIED

AMOUNT PAID $_____ ☐ Money Order #_____ ☐ Credit Card #_____