

Borough of Clifton Heights  
30 S. Springfield Road  
Clifton Heights, PA 19018  
610-623-3223 Fax 610-284-1461

## **HVAC PERMIT APPLICATION**

LICENSE # \_\_\_\_\_ PERMIT # \_\_\_\_\_

LOCATION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

TYPE OF BUILDING: \_\_\_\_\_ USE: \_\_\_\_\_

OLD – NEW BUILDING: \_\_\_\_\_

TYPE OF HEATER: OIL: \_\_\_\_\_ GAS: \_\_\_\_\_

BTU'S OF HEATER: \_\_\_\_\_

TYPE OF AC UNIT: \_\_\_\_\_

TYPE OF EXHAUST: \_\_\_\_\_ SIZE: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

ESTIMATED JOB COST: \_\_\_\_\_

CONTRACTORS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE/PAGER: \_\_\_\_\_

READY FOR INSPECTION: FIRST: \_\_\_\_\_ FINAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_