

ASSOCIATED APPLICATIONS

Permit # _____
Permit # _____
Permit # _____
Permit # _____
Permit # _____

BOROUGH OF MACUNGIE

21 Locust Street
Macungie, PA 18062
610-966-2503

HVAC PERMIT

PERMIT #: _____

ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: _____

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

APPLICANT NAME: _____ PHONE: (____) _____

APPLICANT ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

APPLICANT NAME AND SIGNATURE: _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

CONTRACTOR NAME: _____ PHONE: (____) _____

CONTRACTOR ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

PROPERTY OWNER NAME: _____ PHONE: (____) _____

OWNER ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

HVAC INFORMATION

BUILDING USE <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> _____ JOB TYPE <input type="checkbox"/> New Unit <input type="checkbox"/> Replace Existing Unit <input type="checkbox"/> New Fuel Type <input type="checkbox"/> Existing Fuel Type	UNIT LOCATION-INDOOR <input type="checkbox"/> Basement <input type="checkbox"/> 1 st Floor <input type="checkbox"/> Attic <input type="checkbox"/> _____ UNIT LOCATION-OUTDOOR <input type="checkbox"/> Ground <input type="checkbox"/> Rooftop <input type="checkbox"/> _____	TYPE OF JOB <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Ventilation <input type="checkbox"/> _____ TYPE OF UNIT <input type="checkbox"/> Oil <input type="checkbox"/> Boiler <input type="checkbox"/> Gas <input type="checkbox"/> Forced Air <input type="checkbox"/> Electric <input type="checkbox"/> Steam <input type="checkbox"/> _____	MAKE AND MODEL OF UNIT: _____ _____ BTU's OF UNIT: _____ OUTSIDE AIR VENT RATE (CFM): _____ TOTAL VENT RATE (CFM): _____
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DESCRIPTION OF PROPOSED WORK: _____ COST OF PROPOSED WORK: \$ _____

ELECTRICAL INFORMATION

OFFICE USE ONLY

LISTED AND LABELED: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Other _____	SERVICE REQUIRED: <input type="checkbox"/> New <input type="checkbox"/> Existing Size of Service: _____ amps	WILL USE EXISTING WIRING? <input type="checkbox"/> Yes <input type="checkbox"/> No	ELECTRICAL PERMIT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO ISSUED BY ELECT. INSP.: _____ DATE: _____
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APPROVAL:

REVIEWER/DATE NA APPROVAL DATE DENIAL DATES

BUILDING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
ELECTRIC	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
ROUGH	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
FINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

FEES:

HVAC \$ _____
\$ _____
\$ _____
TOTAL \$ _____

- BUSINESS PRIVILEGE LICENSE
- WORKER'S COMPENSATION
- NOTARIZED FORM

APPLICANT NOTIFICATION

Applicant Called _____
Check # _____
Amount \$ _____

APPROVAL CONDITIONS: _____

PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____