

West Pikeland Township  
1645 Art School Road  
Chester Springs, Pa. 19425  
610-827-7660 Fax: (610)228-3477

APPLICATION FOR HVAC

Contractor: \_\_\_\_\_ Phone#: \_\_\_\_\_ PAREg# \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Property Location: \_\_\_\_\_

Owner/Lessee: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Description of Mechanical Work: \_\_\_\_\_

\_\_\_\_\_

Cost of Improvement/Work: \_\_\_\_\_

*I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.*

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Contractor Name: \_\_\_\_\_

\_\_\_\_\_

*For office use only*

Permit Fees: \_\_\_\_\_

Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Township Approval \_\_\_\_\_, Building/Zoning Officer Date: \_\_\_\_\_

Township Disapproval: \_\_\_\_\_, Building/Zoning Officer Date: \_\_\_\_\_