

**Reference to Act 44**

No changes in employees since last Act 44 was executed.

Signature \_\_\_\_\_

**HVAC PERMIT APPLICATION**

**INSPECTIONS / NOTES :**

Permit No.: \_\_\_\_\_

Date: \_\_\_\_\_

**Contractor**

Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Hanover Township License #: \_\_\_\_\_

**Owner/Applicant**

Name: \_\_\_\_\_

Job Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Brief Description of Work Being Done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flood Zone : \_\_\_ Yes \_\_\_ No

Water Source: \_\_\_ Private \_\_\_ Public

Date Started: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Value : \$ \_\_\_\_\_

Fee : \$ \_\_\_\_\_

# Application For Plan Examination And HVAC Permit

<b>TYPE OF IMPROVEMENT</b> <input type="checkbox"/> New HVAC <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<b>PROPOSED USE RESIDENTIAL/COMMERCIAL</b> <input type="checkbox"/> One Family <input type="checkbox"/> Two or More Family, enter number of units: _____ <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Other, Specify: _____ _____ _____
<b>RESIDENTIAL BUILDINGS ONLY</b>  Number of Bathrooms:  FULL _____  PARTIAL _____	

**OWNERSHIP**

Private (*Individual, Corporation, Non-Profit Institution, etc.*)

Public (*Federal, State or Local Government*)

All Contractors **MUST** submit a copy of their contract and plan in order to take out a permit.

Permits will not be issued to contractors without a contract.

Contractors and Homeowners must call the Code Enforcement Office at (570) 825-1247 for an inspection to be made for work that has been completed under this permit.

**COST:**  
(Omit Cents)

COST OF IMPROVEMENT	\$ _____
HVAC	\$ _____
OTHER	\$ _____
	_____
<b>TOTAL COST</b>	<b>\$ _____</b>

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Owner/Applicant Signature