

**NORTH COVENTRY TOWNSHIP
BOARD OF SUPERVISORS**
845 S. Hanover Street, Pottstown, PA 19465
Phone 610-323-1694 Fax 610-323-7239
www.northcoventry.us

This area is for Township Staff

Date application submitted and
employee initials

MECHANICAL (HVAC) PERMIT

Date of Application: _____

Applicant Name: _____ Applicant Telephone: _____

Property Owner Name: _____

Property Owner Address: _____

Address of construction (if different than above) _____

The following property information must be completed:

Property Data:

Sewage Disposal Public On-Site Septic Number of Stories _____

Water Supply Public Well Total Area of Lot _____

Fuel/Heating Source _____ Ground Area _____

Existing Use of Dwelling _____ Height of Current Structure _____

Proposed Use of Dwelling _____ Total Square Foot _____

This area for Zoning Officer:

Parcel ID#

Remarks _____

Contractor Name: _____ Contractor Telephone: _____

Contractor Address: _____

Design Official: _____

Type of Work New Construction Alteration/Renovation Repair or Replace

Brief description of work _____

Heating, Ventilation and Air Conditioning -

Type of system to be installed _____ Total number of units being installed _____

Square Foot _____

Unit Fuel Source _____ If a conversion, convert from _____ to _____

Fireplace Wood Stove Gas Stove -

Total number of units to be installed _____ Freestanding Unit Insert

Square Foot _____

Unit Fuel Source _____ If a conversion, convert from _____ to _____

Estimated Total Project Cost \$ _____

This permit expires 180 days from issuance or 180 days from the date of last called inspection.

<u>CODE OFFICIAL:</u>			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied	
Date _____			
Signature _____			
Permit # _____	Fee \$ _____		
Permit Payment- Date _____	Check# _____	Cash _____	Received by _____

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