

# HVAC Appliance Permit Application

Abington Township, PA

1176 Old York Road, Abington PA 19001, Fax: 215-884-8271, Telephone: 267-536-1000



## Property Information

## Owner Information

Property Owner	<input type="text"/>		
Job Location	<input type="text"/>	Address	<input type="text"/>
Zoning	<input type="text"/>	City/State/Zip	<input type="text"/>
Ward	<input type="text"/>	Telephone	<input type="text"/>
Email Address	<input type="text"/>		

## Building Information

Permit #	<input type="text"/>	Applicant Name	<input type="text"/>
Date	<input type="text"/>	Applicant Address and Telephone #	<input type="text"/>
Permit Fee	<input type="text"/>	Contractor Name	<input type="text"/>
Receipt Number	<input type="text"/>	Contractor Address and Telephone #	<input type="text"/>
		Contractor Email	<input type="text"/>
If this is a sub-permit of a general permit, please enter the general permit number here. (If this is a stand-alone permit ignore this field.)			<input type="text"/>

By signing this application, the applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality.

Applicant Signature \_\_\_\_\_

1. Circle: new or re-installation? \_\_\_\_\_
2. Circle: air conditioner, heater, hot water heater or other? \_\_\_\_\_
3. Appliance location? \_\_\_\_\_
4. What is the BTU input? \_\_\_\_\_
5. Circle fuel type: natural gas, oil, electric or other? \_\_\_\_\_
6. Is the building construction considered unusually tight construction? If yes, then skip combustion air section. \_\_\_\_\_

### **Combustion Air Section:**

7. Total BTUs of all appliances in room. \_\_\_\_\_
8. Usage of room from which combustion air is drawn? \_\_\_\_\_
9. Combustion airspace required amount (50cf per 1000btu) \_\_\_\_\_
10. Size of openings (add louver restriction, wood (sq. in X 4) / metal (sq. in X 1.33) \_\_\_\_\_

### **Chimney (gas only) Section:**

11. No. of appliances connected to chimney and BTU of each unit \_\_\_\_\_
12. Chimney connector height of each appliance \_\_\_\_\_
13. Chimney connector lateral measurement \_\_\_\_\_
14. List of appliances as fan assisted or natural vent \_\_\_\_\_
15. Vent connector material and diameter for each appliance (single wall or B-vent) \_\_\_\_\_
16. Height of chimney above highest appliance \_\_\_\_\_
17. Amount of 90 or 45 degree bends per connector \_\_\_\_\_
18. Interior chimney/exterior chimney \_\_\_\_\_
18. Chimney linear material \_\_\_\_\_

Manufacturer's clearances must be observed. All installations must comply with the Int. Fuel Gas & Mechanical Codes or Manufacturer's require.

### **SPECS MUST ACCOMPANY PERMIT APPLICATIONS**

Remarks:

**Estimated cost of the job?**