

West Pikeland Township
1645 Art School Road
Chester Springs, Pa. 19425
610-590-5300 Fax: (610)228-3477

APPLICATION FOR HVAC

Contractor: _____ Phone#: _____ PAREg# _____

Contractor Address: _____

Property Location: _____

Owner/Lessee: _____

Email 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: _____