



# West Pikeland Township

1645 Art School Road | Chester Springs PA 19425  
westpikeland.com | 610-590-5300 | [office@westpikeland.com](mailto:office@westpikeland.com)

## APPLICATION FOR HVAC PERMIT

Please note that a General Building Permit application will need to be submitted along with this application.

### Property Owner Information

Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_ (No. Street)  
\_\_\_\_\_ (City, State, Zip)  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Contractor Information

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ (No., Street)  
\_\_\_\_\_ (City, State, Zip)  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### DESCRIPTION AND COST OF MECHANICAL 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

UPI: \_\_\_\_\_

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