NEWLIN TOWNSHIP CHESTER COUNTY, PENNSYLVANIA

1751 Embreeville Rd Coatesville, Pa 19320

Phone: (610) 486 - 1141 Fax: (888) 659 - 8823

Email: info@newlintownship.org Copy to: <u>cakologie@casval.com</u>

HVAC PERMIT APPLICATION

This permit is for any work not exempted under the parameters of PA. ACT 45, SECTION 403.62

Instructions for completing Application:

- 1. This application and any accompanying plans must be mailed to: CASTLE VALLEY CONSULTANTS, INC., 1011 Daisy Point Road, Pottstown, PA 19465. For faster service, you can email the application and plans to cakologie@casval.com. The zoning officer will send you a permit fee worksheet with the required fees to be submitted. Please copy the Township on all correspondence. info@newlintownship.org. NOTE: Three (3) sets of plans and specifications shall accompany the application as well as three (3) copies of the unit specifications from the manufacturer and three (3) copies of the sizing calculations or equivalent. Applicants must complete the attached insurance form pursuant to the Workers Compensation Reform Act P.A. 44.
- 2. The application fee and a copy of the application form must be sent to Newlin Township at the address above. For faster service, you can email to info@newlintownship.org. NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE AND/OR WHICH IS SUBMITTED WITHOUT THE REQUIRED FEE. FEES MUST BE RECEIVED BY THE TOWNSHIP SECRETARY PRIOR TO ACCEPTANCE OF THE APPLICATION.

Application Fee(s): The First \$1000.00 of improvement cost will require a \$100.00 permit fee. Each additional \$1000.00 unit of improvement cost will require an additional \$25.00 permit fee per unit. One (1) PA ACT 45 fee of \$4.00 is required per permit.

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Please submit the <u>completed</u> application via email to: <u>info@newlintownship.org</u> For any and all questions, please use the Township as first point of reference.

PERMIT NO		Date of Application:
Location of Work:		
TAX PARCEL NUME	BER:	
TO: The Building/Zoni	ing Officer, Township	p of Newlin, Chester County, PA
Name of Owner	Address	
Phone Number	Email	
Signature		

Property Data:			
Sewage Disposal: Public Water Supply: Public	☐ On-Site Septic ☐ Well	Total Area of Lot:	
Fuel/Heating	Source:		Area:
Existing Use of	Dwelling:		
Proposed Use of Dwelling:		_ Total Square Foot:	
CONTRACTOR			
Name of Contractor A	ddress		
Phone Number E	mail		
Design Official			
Type of Work: New Con	=	eration/Renovation Existing Wiring] Repair/Replace
Brief Description of Work:			
☐ Heating, Ventilation and	_		
Type of system to be installed:			
Total number of units being ins	stalled:		
Square Foot:			
If a conversion, convert from	to		
☐ Fireplace ☐ W	/ood Stove ☐ Gas	Stove	
Total number of units being ins	talled:		
Square Foot:			
If a conversion, convert from	to		
Estimated Total Project Cost: \$			
	CODE OFFICIA	AL:	
	☐ Approved ☐ De		
Date:	Permit N	Io.:	
Г ф			
Fee: \$	<u> </u>		
Permit Payment - Date:	Check	#:Cash	::
Received By:	Signature		