

NEWLIN TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA
1751 Embreeville Rd
Coatesville, Pa 19320
Phone: (610) 486 - 1141 Fax: (888) 659 - 8823
Email: info@newlintownship.org

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 emailed to: info@newlintownship.org. Fill out the Building Permit to the best of your knowledge. Unless requested, we do not need hard copies. Please attach all plans and specifications along with a plot plan which should show the size of the lot and the location of improvements thereon, giving side, rear and front yard requirements. The zoning office will send you a permit fee worksheet with the required fees to be submitted.

NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE

For any and all questions, please use the Township as first point of reference and copy the Township on all correspondence.

PERMIT NO. _____ Date of Application: _____

Location of Work: _____

TAX PARCEL NUMBER: _____

TO: The Building/Zoning Officer, Township of Newlin, Chester County, PA

APPLICANT

Name of Owner Address

Phone Number Email

Signature

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: _____

CONTRACTOR

Name of Contractor Address

Phone Number Email

Design Official

Type of Work: New Construction Alteration/Renovation Repair/Replace
 New Electrical Wiring Use Existing Wiring

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 being installed: _____
 Square Foot: _____ Unit Fuel Source: _____
 If a conversion, convert from _____ to _____

Estimated Total Project Cost: \$ _____

CODE OFFICIAL:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Date: _____	Permit No.: _____
Fee: \$ _____	
Permit Payment - Date: _____	Check #: _____ Cash: _____
Received By: _____	Signature: _____