

NEWLIN TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA
P.O. BOX 447
UNIONVILLE, PA 19375
Phone: (610) 486 - 1141 Fax: (888) 659 - 8823
Email: info@newlintownship.org
Copy to: codes@cedarvilleeng.com

HVAC PERMIT APPLICATION

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

This application and any accompanying plans must be mailed to: CEDARVILLE Engineering Group, LLC., 1033 S. Hanover Street, Suite 300, North Coventry, PA 19465.

Application Fee(s): For permit fees, refer to the latest version of the Newlin Township Fee Schedule found at www.newlintownship.org by clicking on the 'permits & forms & apps' tab. One (1) PA ACT 45 fee of \$4.00 is required per permit. The application fee(s) and a copy of the application form must be sent to Newlin Township at P.O. Box 447, Unionville, PA 19375. This application must provide all of the information requested on this form.

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.

For any questions please contact CEDARVILLE Engineering Group, LLC at:
(610) 705 - 4500 Office
(610) 705 - 4900 Fax
codes@cedarvilleeng.com Email

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
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Total number of units being installed: _____

Square Foot: _____ Unit Fuel Source: _____

If a conversion, convert from _____ to _____

Estimated Total Project Cost: \$ _____

CODE OFFICIAL:	
Approved Denied	
Date: _____	Permit No.: _____
Fee: \$ _____	
Permit Payment - Date: _____	Check #: _____ Cash: _____
Received By: _____	Signature: _____