

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: cakologie@casval.com

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.
NOTE: Three (3) sets of plans and specifications shall accompany the application as well as three (3) plot plans showing the size of the lot and the location of improvements thereon, giving side, rear and front yard requirements.
2. The application fee and a copy of the application form must be sent to Newlin Township at the address above. Refer to the latest version of the Newlin Township Fee Schedule found at www.newlintownship.org by clicking on the 'permits & forms & apps' tab. This application must provide all of the information requested on this form.

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.

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.

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.

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

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: _____

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

A. The Applicant is or is contracting with

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

Yes No

If the answer is yes, complete Section B or C as appropriate. If no, complete Section D.

B. Insurance Information

Contractor Name: _____ Phone #: _____

Address: _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Insurance Provider: _____ Policy #: _____

Certificate attached Policy Expiration Date: _____

Contractor's Signature: _____ Date: _____

C. Exemptions – Complete if claiming exemption from providing workers' compensation insurance.

The undersign swears or affirms that he/she is not required to provide workers' compensation insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to/before me this _____ day
of _____ 20 _____

Signature: _____

(Signature of Notary Public)

Printed Name: _____

Address: _____

My commission expires _____

Phone: _____

County of: _____

(Seal)

Municipality of: _____

D. Property owner ONLY doing work. No contractors or employees involved. Date: _____

Name: _____ Signature: _____