

# HVACR / Gas Permit Application

## TOWN OF TOWNSEND

141 Main Street, P.O. Box 223, TOWNSEND, DE 19734

PHONE: 302-378-8082 • FAX: 302-378-7099 • [WWW.TOWNSEND.DELAWARE.ORG](http://WWW.TOWNSEND.DELAWARE.ORG)

### JOB LOCATION

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

LOT: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

TAX PARCEL NUMBER: \_\_\_\_\_ RELATED BUILDING PERMIT #: \_\_\_\_\_

### IDENTIFICATION

#### PROPERTY OWNER INFORMATION

NAME: \_\_\_\_\_ DAY PHONE NUMBER: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### CONTRACTOR INFORMATION

BUSINESS NAME: \_\_\_\_\_ DAY PHONE NUMBER: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LICENSE HOLDER NAME: \_\_\_\_\_ MASTER HVACR STATE LICENSE ID: \_\_\_\_\_

RESTRICTED: \_\_\_\_\_ YES \_\_\_\_\_ NO

LICENSE HOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### DESCRIPTION OF WORK

ONLY  CHECK THE WORK THAT WILL BE ISSUED UNDER THIS APPLICATION

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> NEW         | <input type="checkbox"/> HOOD ONLY  | <input type="checkbox"/> DUCT                                    |
| <input type="checkbox"/> REPLACEMENT | <input type="checkbox"/> ROOF TOP UNIT(S)                                   | <input type="checkbox"/> REFRIGERATION                           |
|                                      | <input type="checkbox"/> WATER HEATER .....SIZE: _____                      |  |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> DECORATIVE APPLIANCE .....MODEL: _____             | <input type="checkbox"/> GAS <input type="checkbox"/> SOLID FUEL |
| <input type="checkbox"/> COMMERCIAL  | <input type="checkbox"/> GAS PIPE (GAS TEST REQUIRED) .....PIPE TYPE: _____ | GAS PRESSURE: _____  |
|                                      | <input type="checkbox"/> GAS TEST ONLY                                      |  |

HEATING UNIT INFO ..... SYSTEM TYPE: \_\_\_\_\_ FUEL TYPE: \_\_\_\_\_

\*NOTE: ATTACH INFORMATION IF WORK INVOLVES MORE THAN ONE SYSTEM

**For new non-residential installations**, please include three copies of the HVACR plans, to include duct layout, location of unit(s), cfm per room, size and location of registers and returns. All gas pipe installations require a gas piping layout and sizing, location of valves, length of pipe and BTU's of each appliance (if applicable and copies of Heating/Cooling load computations). Please note all oil to gas conversions require cleaning of the chimney. Refer to the Application Requirements and Guidelines Form for more details.

\_\_\_\_\_  
CODE OFFICIAL

\_\_\_\_\_  
ISSUE DATE

\_\_\_\_\_  
PERMIT NUMBER