

HVACR / Gas Permit Application

TOWN OF TOWNSEND

P.O. Box 223, 661 SOUTH STREET, TOWNSEND, DE 19734
PHONE: 302-378-8082 • FAX: 302-378-7099 • 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

NEW HOOD ONLY DUCT

REPLACEMENT ROOF TOP UNIT(S) REFRIGERATION

WATER HEATERSIZE: _____

RESIDENTIAL DECORATIVE APPLIANCEMODEL: _____ GAS SOLID FUEL

COMMERCIAL GAS PIPE (GAS TEST REQUIRED)PIPE TYPE: _____ GAS PRESSURE: _____

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