

LOWER ALSACE TOWNSHIP  
1200 CARSONIA AVENUE, READING, PA 19606  
(610) 779-6400 FAX (610) 370-0797

HVAC PERMIT APPLICATION

Application No. \_\_\_\_\_

Date \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Job Location: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated cost of HVAC work to be performed: \$ \_\_\_\_\_

FEE: \_\_\_\_\_ Inspection \_\_\_\_\_ Gas

\_\_\_\_\_ Other \_\_\_\_\_ Oil

\_\_\_\_\_ Total Fee \_\_\_\_\_ Other

Approved  Disapproved

By: \_\_\_\_\_  
Brian Sands/Plumbing & Mechanical Inspector Applicant

\* Please provide a current "Certificate of Insurance"



