



# Charlestown Township

11 General Warren Blvd., Suite 1, Malvern, PA 19355

(610) 240-0326 Fax: (610) 240-0328

[admin2@charlestown.pa.us](mailto:admin2@charlestown.pa.us)

## Uniform Construction Code HVAC and Fuel Tank Permit Application

### Location of Proposed Work or Improvement:

- Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tax Parcel ID No.: \_\_\_\_\_ Sub-Div. Name & Lot No.: \_\_\_\_\_ Zoning: \_\_\_\_\_
  - Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Email:** \_\_\_\_\_
  - Principal Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Email:** \_\_\_\_\_ Fax: \_\_\_\_\_
- PA Registration #: \_\_\_\_\_

### Type of Work or Improvement: (check one):

New Building     
  Addition     
  Alteration     
  Repair     
  Demolition  
(Proof of Termination)

Describe Proposed Work: \_\_\_\_\_

### Heating

Type of Fuel \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
 BTU: Input \_\_\_\_\_ Output \_\_\_\_\_  
**Installation Cost** \_\_\_\_\_

### Air Conditioning

BTU \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
**Installation Cost** \_\_\_\_\_

### Fuel Tank

Fuel Type \_\_\_\_\_ Capacity of Tank \_\_\_\_\_  
**Installation Cost** \_\_\_\_\_

- Will the new heater be vented to the existing chimney? YES NO

If not, how will the new heater be vented? \_\_\_\_\_

- Has the existing chimney been inspected? YES NO

If so, by whom, and what are his/her qualifications? (Name, address and phone number)

- Was the chimney approved? YES NO

If not, what repairs were required? \_\_\_\_\_

• What is the condition of the chimney? \_\_\_\_\_

• How many appliances will be vented into the chimney? \_\_\_\_\_

- Will the heater be in an enclosed or insulated space? YES NO

• How will adequate combustion air be provided? \_\_\_\_\_

**Description of Building Use:** (check one):

<input type="radio"/> <b>Residential</b>  One Family Dwelling	<input type="radio"/> <b>Residential</b>  Two Family Dwelling	<input type="radio"/> <b>Non-Residential</b>  Specific Use: _____ Use Group: _____ Change in Use:    Yes        No <i>(If "Yes," indicate former use):</i> _____
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The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provision of the codes or ordinances of the Municipality or any other governing body. The applicant certifies that he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the property owner or agent or by the Registered Design Professional employed in connection with the proposed work.

***I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.***

Date Application Submitted: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Property Owner [MUST BE OWNER ONLY!]*

\_\_\_\_\_  
*Print Name of Property Owner [MUST BE OWNER ONLY!]*

**Directions to the Site:**

\_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*Make checks payable to Charlestown Township\*\*\***

P.O. Box 507, Devault, PA 19432 (610) 240-0326 phone, (610) 240-0328 fax

***Township Use Only***

Date Application Received: \_\_\_\_\_ Permit No: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Application Approved/Denied: \_\_\_\_\_ Plan Reviewed by: \_\_\_\_\_

Zoning Approval and Zoning Permit No.: \_\_\_\_\_ If Denied, State Reason: \_\_\_\_\_