



# HVAC Permit Application

## Office of the Building Official

Building Safety Services  
410 Academy Street  
Cambridge, Maryland 21613  
Telephone: 410-228-8811

Permit Fee \$ \_\_\_\_\_ Permit# M \_\_\_\_\_ Date \_\_\_\_\_

Job Location \_\_\_\_\_ Lot# \_\_\_\_\_ Subdivision \_\_\_\_\_  
(911 Street Address)

Tax I.D. # \_\_\_\_\_ Tax Map and Parcel # \_\_\_\_\_

### PROPERTY OWNER

Name \_\_\_\_\_ Phone:# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### CONTRACTOR

Name \_\_\_\_\_ Phone:# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HVACR License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ City Contractor I.D. # \_\_\_\_\_

License Holder's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Description of work \_\_\_\_\_

(Only check-off the work that will be performed on this job)

- New       Replacement       Hood Only       Refrigeration       Residential       Commercial  
 Duct Only       Decorative Appliance       HVAC       Gas Test       Roof Top Units       Gas  
 Water Heater       Solid Fuel       Other \_\_\_\_\_

Note: Attach information if work involves more than one system.

Heating Unit Information	Cooling Unit Information
Make _____ Model _____	Make _____ Model _____
System Type _____	EER or SEER _____ Tonnage _____
Fuel Type _____ AFUE _____	Termination of condensate drain _____
Chimney or Vent Type _____	
<input type="checkbox"/> New Metal Liner to be installed	

**Gas Line Info** Type of pipe \_\_\_\_\_ Sizes of pipe \_\_\_\_\_ Length of run \_\_\_\_\_

**For New Installations**, please include two (2) sets of the HVAC plans. They must include the duct layout, location of unit(s), size and location of registers and returns and thermostat location as well as Manual 'J's if applicable. All duct in unconditioned space to be R-8 insulated for supplies.

**EXPIRES**  
\_\_\_\_\_

\_\_\_\_\_  
Mechanical Inspector

\_\_\_\_\_  
Issue Date

RECEIPT# \_\_\_\_\_