



HVAC Permit Application

Office of the Building Official

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

Permit Fee \$ _____ 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# _____

Permit# _____