Walker Township

Uniform Construction Code HVAC and Fuel Tank Permit Application

Location of proposed work or improvement:

Street Address:					
Tax Parcel #:		Lot #:			
• Owner:			Phone #	<u>:</u>	
Mailing Address:					
City:	_ State:	Zip:			
Principal Contractor:				_ Phone:	
Mailing Address:					
City:	_ State:	Zip:			
Fax #:	E-Mail:	:			
Designer:				Phone: _	
Mailing Address:		City: _		_State:	Zip:
Fax #:	E-Mail:	:			
Type of Work or Improvement	(check one):				
New Building Additio	n	Alteration	Repair		Demolition
Describe the Proposed Work:					
		Heating			
Type of Fuel			Mfg:		
BTU: Input			Output		
Installation Cost					
	<u>Ai</u>	r Conditioni	ng		
BTU			Mfg:		
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?					
	inspected? YES() NO() qualifications? (Name, address and phone number)				
Was the chimney approved? If not, what repairs were required?	YES () NO ()				
What is the condition of the ch	nimney?				
 How many appliances will be 	vented into the chimney?				
	or insulated space? YES () NO () n air be provided?				
Description of Building Use (check one):					
Residential	Non-Residential				
One-Family Dwelling Two-Family Dwelling	Specific Use: Use Group:				
I wo-railing Dwening	Change in Use: Yes No If "Yes" Indicate Former				
Issuance of a permit and approval of construct cancel or set aside any provision of the codes body. The applicant certifies that he/she under	wed building code requirements adopted by the municipality. tion documents shall not be construed as authority to violate, or ordinances of the Municipality or any other governing retands all the applicable codes, ordinances and regulations. property owner or agent or by the Registered Design proposed work.				
	code administrator's authorized representative shall have h permit at any reasonable hour to enforce the provisions				
Signature of Owner or Agent	Print Name of Owner or Agent				
Date:					
Directions to Site:					
Make checks	payable to Walker Township				
To	ownship 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:				