



HVAC Permit Application

Office of the Building Official

Building Safety Services
1025 Washington 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# _____