

HVAC Permit Application



The Mayor & Council of Middletown
 19 West Green Street
 Middletown, DE 19709

Phone: (302) 378-1171 Fax: 302-378-5675
www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

JOB LOCATION:		DATE: _____	
Tax Parcel # _____ - _____ - _____ [_____]		Lot _____	Bldg. _____ Suite _____
Street No.: _____ Street: _____			
Subdivision: _____		Section: _____	Code _____
APPLICANT <i>(Individual Applying For Permit)</i>			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
Applicant's Signature: _____			
PROPERTY INFORMATION			
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
CONTRACTOR		Middletown Business License #: _____ - _____	
Name: _____		Phone #: _____	
Address: _____		Cell #: _____	
City, State: _____		Fax #: _____	
Zip Code: _____		Email: _____	
License Holder's Signature: _____		License Holder's State License #: _____	
IMPORTANT NOTICE: <i>It is the responsibility of the Licensed Contractor to contact this office for all required inspections, including the Final Inspection. Failure to do so may result in penalties being instituted against your license.</i>			
ALL APPLICABLE INFORMATION MUST BE FILLED OUT			
BUILDING PERMIT NO.: _____		NEW INSTALLATION _____	RENOVATION _____
_____ HVAC System		_____ Duct Installation Only	_____ Gas Test
DESCRIPTION OF JOB: _____			
HEATING UNIT INFORMATION		COOLING UNIT INFORMATION	
Make _____ Model # _____		Make _____ Model # _____	
System Type _____		EER or SEER _____ Tonnage _____	
Fuel Source _____ AFUE _____		Termination of Condensate _____	
Chimney/Vent Type _____		_____	
[_____] New metal liner to be installed		_____	
FOR NEW INSTALLATIONS, please include three (3) copies of duct layout drawings, [including location of unit(s), CFM per room, location and size of registers and location of thermostat] gas piping layout and sizing (if applicable) and heating/cooling load computations.			
***** NOTE *****		Cost of Materials: _____	
All oil to gas conversions require cleaning of the existing chimney			
VALIDATION		OFFICE USE ONLY	
Plan Examiner: _____ Date: _____		Plan Review Fee: _____ Inspection Fee: _____	
Application ID #: _____		Permit No.: _____ Date: _____	