



CITY OF GLENNVILLE HVAC PERMIT APPLICATION

Permit Number: ____ - ____

PROPERTY OWNER

PROJECT LOCATION: _____
PROPERTY OWNER: _____
MAILING ADDRESS: _____
EMAIL ADDRESS: _____
CELL PHONE: _____

HVAC CONTRACTOR

COMPANY NAME: _____
MAILING ADDRESS: _____
CONTRACTOR: _____
COMPANY PHONE #: _____ CONTRACTOR CELL: _____
EMAIL ADDRESS: _____
STATE LICENSE #: _____

CLASSIFICATION OF WORK ____ Replacement ____ New Construction

BRIEF DESCRIPTION OF WORK

SIGNATURE: _____ DATE: _____

FEES: ____ Replacement \$40.00 ____ New Construction \$50.00

(For Office Use)

Code Enforcement Signature: _____ Date: _____

Fees Collected Cash: _____ Check #: _____

NOTES:
