CITY OF HAGERSTOWN

Department of Community and Economic Development
Planning and Code Administration Division
City Hall, 1 East Franklin Street, Hagerstown, MD 21740
FAX: 301-791-2650

Associated BP#_____

ADDITION TO MECHANICAL PERMIT APPLICATION

Fax #_____

Inspection Requests (301) 797-6313
Permit Information (301) 790-4163

Job Location	Lot No. Subdivision Name:
Owner's Name	HVAC License Holder's Name
Owner's Address	License Holder's Trade Name
City State Zip	License Holder's Address
Phone: Cell:	City State Zip
Description of Work	Phone: Cell:
	State License #

If door is locked or work is incomplete, a $50.00 re-inspection fee will be charged per visit.

NO.	ITEM	EACH	FEE
Required	Application Fee – All Permits Residential Commercial Apartment	 $ 50.00 $100.00 $100.00	
Required	Technology Fee – All Permits		$20.00
	Commercial Exhaust Hood	$30.00	
	Furnace - ☐ Gas ☐ New ☐ Oil ☐ Replacement ☐ Electric	$20.00	
	Boiler - ☐ Hot Water ☐ New ☐ Steam ☐ Replacement	$20.00	
	Solid Fuel Burning Appliances	$20.00	
	Heat Pump	$20.00	
	A/C - ☐ Residential ☐ New ☐ Commercial ☐ Replacement	$10.00 $20.00	
	HVAC Duct Modifications	$20.00	
	Manufactured Fire Places – ☐ Direct Vent ☐ Ventless ☐ With Chimney	$20.00	
	Venting for : Type: Hood ☐ Com. ☐ Res. ☐ Dryer ☐ Com. ☐ Res. ☐ Bath Fan ☐ Com. ☐ Res. ☐	$10.00	
	Heating Oil Storage Tanks ☐ Residential ☐ Commercial ☐ Removal	 $20.00 $20.00 $20.00	
	Chimney Liner	$20.00	
	Others Not Listed	$10.00	
	Investigation Fee		

TOTAL: [ ]

Manual J Required for All New Installations

Plans Submitted ☐ Yes ☐ No

If in the opinion of the Mechanical Inspector, drawings and specifications are required for this application, I shall furnish such drawings and specifications.

I further understand that it is my responsibility to give reasonable advance notice to the Planning and Code Administration Division when work is ready for all required inspections. I understand that failure to schedule valid inspections for any period of six months following the issuance of this permit will be cause for the permit to become void and subject to fines.

I acknowledge that I have read this application and affirm that the information supplied by myself is correct; and that the owner/tenant of the referenced property has authorized me to do the work described herein. I agree to comply with all City Ordinances and State Laws regulating hvac work.

I certify that I am properly registered and licensed as required by the State of Maryland.

_____
Signature of License Holder/Applicant

_____
Printed Name of License Holder/Applicant

_____
Date

INVESTIGATION FEE: Any person who commences any work on a system before obtaining the necessary permits shall be subject to 100% of the usual fee in addition to the required fees.

Munis Application No._____

Planning & Code Administration
Payment Information

Name as it appears on Credit Card_____

Credit Card Number (16 digits) ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Expiration Date of Credit Card (MM/YY) ___ ___ /___ ___

Type of Credit Card: ☐ Visa ☐ Mastercard ☐ Discover

Customer Validation Number: ___ ___ ___ (Last 3-digit-number on back of the card)

Billing Address: _____

_____

Name of Contact Person _____Telephone:_____

All information is required or payment will not be processed

A $2.00 convenience fee will be charged on all faxed permit applications.

FAX APPLICATION AND PAYMENT INFORMATION FORM TO

301-791-2650