



**Town of Sudlersville**  
 200 South Church Street, Sudlersville, MD 21668  
 410-438-3465 (Phone) 410-438-3376 (Fax)  
 FOR INSPECTIONS CALL – F.S.I.A at 1-800-468-7338  
**HVAC PERMIT APPLICATION**

**PROPERTY OWNER INFORMATION**

Job Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Estimated Value: \_\_\_\_\_

Type:  Residential  Commercial  Other: \_\_\_\_\_

Type of Work:  New Building  Addition to Building  Other: \_\_\_\_\_

**HVAC CONTRACTOR INFORMATION**

Licensed Professional's Name: \_\_\_\_\_  
 MD State License #: \_\_\_\_\_  
 QA County License #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**DESCRIBE WORK TO BE COMPLETED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**MAIL PERMIT TO:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved by: \_\_\_\_\_, Town of Sudlersville

Approval Date: \_\_\_\_\_

<b><u>For Office Use Only</u></b>
HVAC Permit #: _____
Permit Fee: \$ _____
Inspection Fee: \$ _____
Total Paid: \$ _____
Payment Type: _____