



Date \_\_\_\_\_

**MECHANICAL PERMIT APPLICATION**

Enter the number of New or Replacement Units

	Forced Air Furnace		Incinerator		Hazardous Exhaust System
	Unit Heater		Boiler		Electric Furnace
	Gas/Oil Conversion		Coil Unit		Duct Work
	Space Heater		Split System A/C		Furnace
	Gravity Furnace		A/C Compressor		
	Solid Fuel Appliance		Air Handling Unit		
	Gas-Fired Fireplace		Heat Pump		
	Wood Fireplace		Kitchen Exhaust Hood-Commercial		
	Chimney Liner		Kitchen Exhaust Hood-Residential		

**IDENTIFICATION – To be completed by all applicants**

	Name	Mailing Address
1. Owner or Lessee		
	Telephone No.	
2. Contractor		
	Telephone No.	PA License No.
3. Architect or Engineer		
	Telephone No.	

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date
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**VALIDATION**

PERMIT ISSUED _____ 20____	<p style="text-align: center;"><b>FOR DEPARTMENT USE ONLY</b></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
PERMIT FEE \$ _____	
PLAN REVIEW FEE \$ _____	
CHECK NO. _____	
CASH \$ _____	Approved by: _____
DATE _____	_____
	TITLE