



MECHANICAL SUBCODE

Date Received _____ Permit # _____

TECHNICAL SECTION

Date Issued _____ Control # _____

A. Applicant (If contractors change, you are required to notify this office!)

Parcel # _____ Lot _____

Work Site Location _____

Legal Owner _____

Address _____

Telephone _____

Contractor _____

Address _____

Telephone _____ Cell _____

Fax _____ PA AG # _____

D. Technical Site Data / Description of Work:

(Intentionally Left Blank Below)

B. MECHANICAL CHARACTERISTICS

Use Group _____

New [] Conversion [] Replacement []

FUEL: Gas [] Oil [] Electric [] Solar [] Other _____ []

TYPE: Forced Air [] Hydronic []

Estimated Cost of Mechanical Work: \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Comments? Date: _____ Called? Faxed? Mailed?

PLANS APPROVED
DATE: _____ APPROVED BY: _____

Approval: _____
Date: _____
FEE: _____
L&I: _____
TOTAL: _____

C. List of Appliances (enter quantity)

- | | |
|-----------------------|---------------------------|
| _____ Water Heater | _____ Air Conditioning |
| _____ Boiler | _____ Fireplace |
| _____ Fuel Oil Piping | _____ Wood / Pellet Stove |
| _____ Gas Piping | _____ Oil Tank |
| _____ Hot Air Furnace | _____ Other _____ |

E. CERTIFICATION IN LIEU OF OATH

I Hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature / Date