

If you have questions while filling out this permit application, please contact our office: 570-752-8044 or toll-free: (877) 752-4123.

MECHANICAL PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____			
Address _____			
City _____	State _____	Zip _____	
Phone _____			

Tenant _____			
Address _____			
City _____	State _____	Zip _____	
Phone _____			

Front Yard _____ ft. (front of building to property line)

Rear Yard _____ ft. (rear of building to property line)

Side Yard _____ ft. Side Yard _____ ft.

Describe proposed work in detail: _____

State Classification: New Commercial Other Commercial New Residential Other Residential

Contractor _____ <i>(if owner, put same name above)</i>
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Fed. Employee No. _____ <i>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</i>
Estimate of total cost for all work _____

Technical Site Data No.	Fixture/ Equipment	Technical Site Data No.	Fixture/ Equipment
	Water Heater		Fuel Oil Piping
	Gas Piping		Steam Boiler
	Hot Water Boiler		Hot Air Furnace
	Oil Tank		LPG Tank
	Fireplace		Hydronic Piping
	Appliances		Solar
	Heat Pump		Fire Dampers
	Exhaust Hood Sys.		HVAC

Others: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____

Owner Contractor Owner Representative

BUILDING CODE OFFICIAL USE ONLY	
Plans Approved _____	Plans Approved with Comments _____
UCC Building Fee _____	Plan Review Fee _____
Admin. Fee _____	State Fee _____
Total Cost _____	Code Official _____
State Cert# _____	Date Issued _____