

MECHANICAL PERMIT APPLICATION

| | |
|-------------------------------|------------------------|
| Property Owner _____ | Phone No. _____ |
| Address _____ | |
| Property Location _____ | |
| Subdivision/Development _____ | |
| Mechanical Contractor _____ | Registration No. _____ |
| Address _____ | Phone No. _____ |

| | | | |
|------------------------------|-------------------------------------|-----------------------------------|---------------------------------|
| NEW <input type="checkbox"/> | ALTERATION <input type="checkbox"/> | ADDITION <input type="checkbox"/> | REPAIR <input type="checkbox"/> |
|------------------------------|-------------------------------------|-----------------------------------|---------------------------------|

| | | | |
|------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| Use of Property: | Residential <input type="checkbox"/> | Commercial <input type="checkbox"/> | Industrial <input type="checkbox"/> |
|------------------|--------------------------------------|-------------------------------------|-------------------------------------|

| TYPE OF EQUIPMENT | NUMBER |
|--|--------|
| Air Cond. Units H.P. ea. | |
| Refrigeration Units H.P. ea. | |
| Boilers H.P. ea. | |
| Forced Air Systems | |
| Gravity Systems | |
| Floor Furnaces | |
| Wall Heaters | |
| Unit Heaters | |
| Conversion Burner | |
| Clothes Dryers | |
| Ventilation Fan | |
| Range Hood | |
| Air Handling cfm | |
| Incinerator | |
| Gas Piping | |
| Range Com. <input type="checkbox"/> Res. <input type="checkbox"/> | |
| Fire Suppression System | |
| NFIPA13 <input type="checkbox"/> NFIPA13R <input type="checkbox"/> | |
| NFIPA13D <input type="checkbox"/> | |

Applicant will be provided review fees, review fees MUST be paid before building code official begins review
Non-refundable \$70.00 application fee due when filed.

NOTE:

This permit is issued contingent upon all work being in compliance with the 2009 IRC or International Mechanical Code including all supplements and other applicable Township regulations.

Applicant certifies that all information given is correct and that all Township ordinances will be complied with in performing the work for which this permit is issued.

Signature of Applicant

| | | |
|---------------------|------------------|----------------|
| _____ | _____ | Approved _____ |
| Cost of Improvement | Application Date | |
| _____ | _____ | Denied _____ |