



# UPPER CHICHESTER TOWNSHIP

License and Inspection Department  
[www.upperchichester.org](http://www.upperchichester.org)

Phone: 610-485-5719

Fax: 610-485-3615

**PHYSICAL (GPS) ADDRESS:**  
8500 Furey Road  
Upper Chichester, PA 19014

**MAILING ADDRESS:**  
PO Box 2187  
Upper Chichester, PA 19061

## MECHANICAL/HVAC PERMIT APPLICATION

Property Information (location where work is being performed)

Property Owner

Property Address (Street, City, State, Zip, Apt/Suite#)

Business Name (If Applicable)

Phone

Email

Cost of Construction \$ \_\_\_\_\_

Please provide the cost of construction for the MECHANICAL/HVAC portion of this project only.

### TYPE OF IMPROVEMENT

\_\_\_\_ New Building/Construction

\_\_\_\_ Repair, Replacement

\_\_\_\_ Addition

\_\_\_\_ Alteration

\_\_\_\_ Other \_\_\_\_\_

### **PROPOSED USE:**

#### Residential

\_\_\_\_ One or Two Family

\_\_\_\_ Two or More Family: # Units \_\_\_\_\_

\_\_\_\_ Garage

\_\_\_\_ Other \_\_\_\_\_

#### Non-Residential

\_\_\_\_ Amusement, Recreational

\_\_\_\_ Church, Other Religious

\_\_\_\_ School, Library, Educational

\_\_\_\_ Parking Garage

\_\_\_\_ Service Station

\_\_\_\_ Hospital, Institutional

\_\_\_\_ Office, Bank, Professional

\_\_\_\_ Public Utility

\_\_\_\_ Stores, Mercantile

\_\_\_\_ Industrial

\_\_\_\_ Tanks, Towers

\_\_\_\_ Other: \_\_\_\_\_

DESCRIPTION OF WORK. Please attach drawing or plan.

\*\*\*Call 811 or visit [www.call811.com](http://www.call811.com) BEFORE YOU DIG\*\*\*

**SERVICES: Enter the Number of New or Replacement Units**

# UNITS	ITEM	# UNITS	ITEM	# UNITS	ITEM
	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 COMPRESOR		ROOF UNIT ___YES ___NO
	SOLID FUEL APPLIANCE		AIR HANDLING UNIT		CHIMNEY LINER
	GAS-FIRED FIREPLACE		HEAT PUMP		
	WOOD FIREPLACE		KITCHEN EXHAUST HOOD		

APPLICANT, PLEASE CIRCLE:                      OWNER                      CONTRACTOR                      OTHER \_\_\_\_\_

<b>PROPERTY OWNER</b>	NAME		PHONE	EMAIL
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite#)			
<b>CONTRACTOR</b>	NAME		PHONE	EMAIL
	PA LICENSE #	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite#)		
<b>ARCHITECT OR ENGINEER</b>	NAME		PHONE	EMAIL
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite#)			

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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE AND FEDERAL LEGISLATION. Please provide signed contract between contractor and owner of property, if property owner is not the party signing this form.

Signature

Date

Township Use Only:                      INITIALS \_\_\_\_\_

FOLIO: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ CASH

Is this site located within an identified flood hazard area?

YES

NO

Building Code Official Use Only:

APPROVED

DENIED

SIGNATURE: \_\_\_\_\_

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

SEE PERMIT FOR COMMENTS.

Township Use Only:

Township Flood Plain Administrator Signature: \_\_\_\_\_

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

PLEASE SEE ATTACHED INFORMATION