

TOWNSHIP OF UPPER CHICHESTER

Delaware County, Pennsylvania

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Boothwyn, PA 19061

upperchichestertwp.org

APPLICATION FOR MECHANICAL PERMIT

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS

| | | |
|-----------------------------|---------------------|--------------------------------------|
| LOCATION OF BUILDING | AT (LOCATION) _____ | ZONING DISTRICT _____ |
| | SUBDIVISION _____ | LOT _____ BLOCK _____ LOT SIZE _____ |

COST OF CONSTRUCTION

| | |
|---|--|
| <p>TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in PROPOSED USE, No. 11)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, Replacement</p> | <p>OWNERSHIP</p> <p>8 <input type="checkbox"/> Private (Individual, Corporation, Non-profit Institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or Local Government)</p> |
|---|--|

PROPOSED USE – For “Wrecking” - most recent use

| | | |
|--|---|--|
| <p>Residential</p> <p>10 <input type="checkbox"/> One or Two Family</p> <p>11 <input type="checkbox"/> Two or More Family – Enter number of units _____</p> <p>12 <input type="checkbox"/> Garage</p> <p>13 <input type="checkbox"/> Other – Specify _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Commercial</p> <p>14 <input type="checkbox"/> Amusement, Recreational</p> <p>15 <input type="checkbox"/> Church, Other Religious</p> <p>16 <input type="checkbox"/> Industrial</p> <p>17 <input type="checkbox"/> Parking Garage</p> <p>18 <input type="checkbox"/> Service Station, Repair Garage</p> <p>19 <input type="checkbox"/> Hospital, Institutional</p> <p>20 <input type="checkbox"/> Office, Bank, Professional</p> | <p>21 <input type="checkbox"/> Public Utility</p> <p>22 <input type="checkbox"/> School, Library, Other Educational</p> <p>23 <input type="checkbox"/> Stores, Mercantile</p> <p>24 <input type="checkbox"/> Tanks, Towers</p> <p>25 <input type="checkbox"/> Other - Specify _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Existing Building</p> |
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DESCRIPTION OF WORK

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| |

PERMIT NO. _____

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 | | Roof Unit <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 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 |
| | | |

VALIDATION

| | |
|----------------------------|---|
| PERMIT ISSUED _____ 20____ | FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____ |
| PERMIT FEE \$ _____ | |
| PLAN REVIEW FEE \$ _____ | |
| CHECK NO. _____ | |
| CASH \$ _____ | |
| DATE _____ | |
| Approved by: _____ | |
| _____ TITLE | |