PERKASIE BOROUGH MECHANICAL PERMIT

DATE _____

PERMIT NUMBER _____

CONTRACTOR'S LICENSE NO. _____ BLDG. PERMIT NO. _____

LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST $ _____

NEW – ALTERATION – REPAIR – ADDITION (Circle One)

OIL ☐ GAS ☐ LPG ☐ ELECT. ☐

TYPE OF EQUIPMENT		NUMBER	FEE
Air Cond. Units–H.P. Ea.			
Refrigeration Units–H.P. Ea.			
Boilers–H.P. Ea.			
Forced Air Systems–B.T.U	M Ea.		
Gravity Systems–B.T.U.	M Ea.		
Floor Furnaces–B.T.U.	M		
Wall Heaters–B.T.U.	M		
Unit Heaters–B.T.U.	M		
Conversion Burner			
Clothes Dryers			
Ventilation Fan			
Range Hood			
Air Handling	C.F.M.		
Incinerator			
Gas Piping			
Range COM. ☐ DOM. ☐			
	TOTAL FEE		

TREASURER'S VALIDATION OF FEE PAID

CONTRACTOR'S NAME AND ADDRESS

CITY STATE ZIP CODE

READY FOR INSPECTION ON _____ (Date) OR WILL CONTACT PERMIT CLERK LATER _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

_____ Signature of Contractor or his Authorized Representative Making Application

_____ Signature of Permit Clerk

Blue-Applicant's Copy Gold-File Copy Green-Inspector's Copy White-Treasurer's Copy