

Date Received: _____

Permit No. _____

UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA

PO Box 210, 5671 Chestnut Street
Old Zionsville, PA 18068

Pin No. _____

Zoning District: _____

Phone: (610) 966 – 3223; Fax: (610) 966 – 5184
Website: <http://www.uppermilford.net>

MECHANICAL PERMIT

CONTACT INFORMATION:

Check who is responsible for permit.

Site Address: _____ Subdivision: _____

Property Owner: _____ Phone: _____ Fax: _____
Mailing Address: _____

Mechanical Contractor: _____ Phone: _____ Fax: _____
Mailing Address: _____

MECHANICAL INFORMATION:

BUILDING USE:

- Commercial
- Residential
- Other _____

UNIT LOCATION-INDOOR:

- Basement
- 1st Floor
- Attic _____

TYPE OF JOB:

- Heating
- Air Conditioning
- Ventilation _____

JOB TYPE:

- New Unit
- Replace Existing Unit
- New Fuel Type

UNIT LOCATION-OUTDOOR:

- Ground
- Rooftop
- _____

TYPE OF UNIT:

- Oil Boiler
- Gas Forced Air
- Electric Steam _____

Make and Model of Unit: _____

BTU's of Unit: _____ Outside Air Vent Rate (CFM): _____ Total Vent Rate (TVR): _____

DESCRIPTION OF THE PROPOSED WORK TO BE PERFORMED:

ESTIMATED COST OF CONSTRUCTION: (reasonable fair market value) \$ _____

ELECTRICAL INFORMATION:

LISTED AND LABELED:

- Yes _____
- No
- Other _____

SERVICE REQUIRED:

- New
- Existing
- Size of Service: _____ amps

WILL USE EXISTING WIRING:

- Yes
- No

OFFICE USE ONLY:

Electrical Permit Required: ___Yes or ___No
Issued by Inspector: ___Yes or ___No
Date: _____

