

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

Permit No. \_\_\_\_\_

**UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA**

PO Box 210, 5671 Chestnut Street

Old Zionsville, PA 18068

Phone: (610) 966 – 3223

Website: <http://www.uppermilford.net>

Zoning District: \_\_\_\_\_

Pin No. \_\_\_\_\_

## 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  
☐ 1<sup>st</sup> 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: \_\_\_\_\_

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Website: <http://www.uppermilford.net>**APPROVAL INFORMATION:**

	Reviewer / Date	N/A	Approval	Date	Denial	Date
BUILDING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
ELECTRIC	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
ROUGH	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
FINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

**FEES / INSURANCE:**

	FEES	APPLICANT NOTIFIED
Mechanical Fees:	\$ _____	DATE: _____
_____	\$ _____	
Total Mechanical Fees:	\$ _____	RECEIPT # _____
Non-Refundable Application Fee:	\$ 60.00	RECEIPT # _____
Balance After Application Fee Reduction	\$ _____	RECEIPT # _____

Note: Non-Refundable Application Fee will be used towards final fees due.

\_\_\_\_\_  
Signature of Owner or Authorized Agent\_\_\_\_\_  
Print name of Owner or Authorized Agent**FOR CODE ADMINISTRATOR USE ONLY:**Mechanical Permit Approved: ☐ Yes ☐ No\_\_\_\_\_  
Code Administrator's Signature\_\_\_\_\_  
Date**PROJECT DOCUMENTS (DRAWINGS AND CALCULATIONS):**

Type of Document:	Submitted:	Signed and Sealed:	Date:	Revision Date:
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

DATE	"PROGRESS REPORT"	BY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____