

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: _____

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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: | \$ 50.00 | 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 |
|------|-------------------|----|
| | | |
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