

Date Received: _____

Permit No. _____

UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA

PO Box 210, 5671 Chestnut Street

Old Zionsville, PA 18068

Phone: (610) 966 – 3223; Fax: (610) 966 – 5184

Website: http://www.uppermilford.net

Pin No. _____

Zoning District: _____

MECHANICAL PERMIT

CONTACT INFORMATION:

Check who is responsible for permit.

Site Address: _____

Subdivision: _____

Property Owner: _____ Phone: _____ Fax: _____

Mailing Address: _____

General 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:	\$ _____	
Non-Refundable Application Fee:	\$ 50.00	
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