

MECHANICAL PERMIT

EAST ROCKHILL TOWNSHIP
 1622 Ridge Road, Perkasie, PA 18944
 215-257-9156 fax 215-257-1299
www.EastRockhillTownship.org
Staff@EastRockhillTownship.org

Application Date: ___ / ___ / ___

Location: _____

Tax Parcel: 12- _____

Estimated Cost: _____

Residential Commercial

Oil Gas LPG Electric

Owner Name:	
Address:	
Phone No.:	
Fax No.:	
e-mail:	
Owner Signature:	

Contractor Name:	
Address:	
Phone No.:	
Fax No.:	
e-mail:	
Contractor Signature:	

Description of Work: _____

TYPE OF EQUIPMENT	NUMBER	
Air Cond. Units—H.P. Ea.		
Refrigeration Units—H.P. Ea.		
Boilers—H.P. Ea.		
Forced Air System—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	<input type="checkbox"/> Com.	
	<input type="checkbox"/> Dom.	
TOTAL		TOTAL FEE
		\$

APPROVED

PERMIT No. _____

Date Issued: _____

Building Code Official

Fee \$ _____

Check No. _____

Cash _____

Applicant certifies that all information given is correct and that all pertinent East Rockhill Township ordinances will be complied with in performing the work for which this permit is issued.

 Signature of Contractor or his Authorized Representative making Application