

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944

Phone: 215-257-9156 • Email: contact@EastRockhillTownship.org • Website: EastRockhillTownship.org



MECHANICAL PERMIT APPLICATION

SITE / CONTACT INFORMATION:

SITE ADDRESS Street and City: _____		Primary Contact Person (check one)
Bucks County Tax Map Parcel ID: _____ USE: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		
Property Owner	Name	<input type="checkbox"/>
	Address	
	Phone _____ Email _____	
Applicant	Name	<input type="checkbox"/>
	Address	
	Phone _____ Email _____	

PROPOSED:

Type of Work (Check one): <input type="checkbox"/> Installing New Equipment <input type="checkbox"/> Altering Existing System <input type="checkbox"/> Both		Type of Fuel (Check one): <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	
Total Cost: \$ _____			
Heater Name:		Number of Heaters:	
Model Number:		BTUs:	
A/C Name:		Number of A/C Units:	
Model Number:		BTUs:	
Forced Air Furnace		Incinerator	
Unit Heater		Boiler	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		A/C Compressor	
Air Handling Unit		Heat Pump	
Kitchen Exhaust Hood		Hazardous Exhaust System	
Other:			
If altering existing system, explain: _____			

I hereby certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

TO BE COMPLETED BY TOWNSHIP STAFF

Permit application signed? Yes No
 Two (2) copies of Manufacturer Specifications? Yes No
 Fee Received? Yes No \$ _____ by _____
 Contractor Certificate of Liability Insurance? Yes No Expires _____

ISSUED East Rockhill Township PERMIT NO. _____

Building Code Official

Date of Issuance