

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 (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	Air Handling Unit	
Unit Heater	Boiler	Heat Pump	
Gas/Oil Conversion	Coil Unit	Air Cleaner	
Space Heater	Window A/C unit	Kitchen Exhaust Hood	
Gravity Furnace	Split System A/C	Hazardous Exhaust System	
Solid Fuel Appliance	A/C Compressor	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 EAST ROCKHILL TOWNSHIP

Two (2) copies of Manufacturer Specifications Yes No
 Contractor Certificate of Liability Insurance? Yes No Expires _____
 Mechanical Fee \$ _____ Received Yes No
 PA UCC Fee \$6.00 Received Yes No
 Payment Method Credit Card Check No. _____ Total \$ _____

Building Code Official	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____ Date	

Received Stamp	___ Via Mail
	___ In Person
	___ Drop Box