

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 _____	
	Address _____	
	Phone _____	Email _____
Applicant	Name _____	
	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	
If altering existing system, explain:		Air Handling Unit	
		Heat Pump	
		Air Cleaner	
		Kitchen Exhaust Hood	
		Hazardous Exhaust System	
		Other:	

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 **Required**

Signature of 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	<input type="checkbox"/> Via Mail <input type="checkbox"/> In Person <input type="checkbox"/> Drop Box
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