

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: ☐ Residential ☐ Non-Residential		
Property Owner	Name _____	☐
	Address _____	
	Phone _____ Email _____	
Applicant	Name _____	☐
	Address _____	
	Phone _____ Email _____	

PROPOSED:

Type of Work (Check one): ☐ Installing New Equipment ☐ Altering Existing System ☐ Both Total Cost \$ _____		Type of Fuel (Check one): ☐ Oil ☐ Natural Gas ☐ Electrical ☐ Propane ☐ Other _____	
Heater Name: _____		Number of Heaters: _____	
Model Number: _____		BTUs: _____	
A/C Name: _____		Number of A/C Units: _____	
Model Number: _____		BTUs: _____	
Forced Air Furnace		Solid Fuel Appliance	
Unit Heater		Fireplace Insert	
Gas/Oil Conversion		Boiler	
Space Heater		Coil Unit	
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, 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 \$ _____

☐ Approved ☐ Denied

BCO Signature