

APPLICATION FOR MECHANICAL AND/OR PLUMBING PERMIT

Page 1 of _____

Municipality _____ County _____ Tax Parcel _____
 Construction Site Address _____ Date Received _____
 Permit Applicant: _____ Owner _____
 Address: _____ Address _____
 Telephone: _____ State _____ Zip _____ Phone# _____
 Email: _____ Describe proposed work in detail _____

Signature _____ Owner ☐ Authourized Agent ☐

Date: _____

Applicant certifies that the information contained herein is true and correct and that the applicant will comply with the PA Uniform Construction Code and all other federal, state, and municipal laws and ordinances.

State Classification: New Commercial ☐ Other Commercial ☐ New Residential ☐ Other Residential ☐

MECHANICAL PERMIT # _____		PLUMBING PERMIT # _____																																																																							
Contractor _____ (if owner, put same name above)		Contractor _____ (if owner, put same name above)																																																																							
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City _____ State _____ Zip _____		City _____ State _____ Zip _____																																																																							
Phone _____ Cell _____		Phone _____ Cell _____																																																																							
Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)		Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)																																																																							
Estimate of total costs for all work _____		Estimate of total costs for all work _____																																																																							
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