Trappe, PA 19426 Ph: 610.489.7181 Fax: 610.489.8827 www.trappeborough.com

Mechanical Permit Application

A MECHANICAL PERMIT IS REQUIRED FOR: ... installation, enlargement, alteration, repair, removal, conversion or replacement of mechanical systems which are permanently installed and utilized to provide control of environmental conditions and related processes within buildings This would include items such as, but not limited to, the following: Air conditioner (fixed/hard-wired only) Attic/Ventilation Fan Gas Fireplace, Furnace, Piping Oil Tank Hydronic Heating (includes boiler, radiant, radiator) Wood Stove Replacement of hot water tank with tank-less or gas-fired unit In addition, in a commercial setting items such as the following would require a permit: Refrigeration Exhaust Hood Job Site Address/Location _____ Property Owner _____ Property Owner Address _____ Phone & Email _____ Contractor _____ Address Phone & Email Applicant is (indicate one): owner contractor other_____ Description of Work *Required: Two sets of plans (if applicable). **Include one copy of manufacturer's specifications & installation instructions *Permit fee: check payable to Trappe Borough *Certificate of Insurance naming the Borough as Certificate Holder ○ Residential OCommercial (requires signed & sealed plans) **○Gas-Natural** ○ Electric \circ Oil ○Other NOTE: Propane Gas piping and appliances are exempt from the UCC &do NOT require a permit I hereby certify that I am the owner or authorized by the owner to sign this permit application that the information contained within is accurate and I/we agree to abide by all applicable laws of jurisdiction. I understand that the Borough will be approving this application based on information I have provided, that if inaccurate may affect the approvals. Permit fees are not refundable. Signature of Applicant Print Name Date

Cost of Project	
Permit fees:	
Replace residential unit Total	All other residential (1% of project or minimum fee) Total
Commercial (1% of project, \$100 minimum) Total	
FOR B	SOROUGH USE ONLY:
Permit Fee:	Received:
State Surcharge:	Check #
Total Fee:	Verified:
 PAYMENT NOTED ABOVE PLANS / DOCUMENTATION CERTIFICATE OF INSURANCE WORKER'S COMP COVERAGE HOA APPROVAL (if applicable) ANY/ALL APPROVED ZONING PERMITS 	PARCEL ID#
	ZONING DISTRICT:
	PERMIT #

Building Code Official Approval