APPLICATION FOR MECHANICAL PERMIT

BOROUGH OF NORTHAMPTON
1401 Laubach Avenue
Northampton, PA 18067
610-262-1433

Date____________________
Permit Number__________

Location___________________________________________________________

Owner Name________________________________________________________

Owner Address________________________________________________________________________

Owner Phone Number_________________________________________________________

Type of Building_________________________________ Used As_________________________

Project Cost Estimate________________________ Permit Fee__________________________

(Circle One) New - Alteration - Repair - Addition
   Oil  □    Gas  □    LPG  □    Elect.  □

Type of Equipment                                 Number
   Air Cond. Units - H.P. Ea.                        ____________________________
   Refrigeration Units - H.P. Ea.                   ____________________________
   Boilers - H.P. Ea.                                ____________________________
   Forced Air Systems - B.T.U.                      M Ea.                        ____________________________
   Gravity Systems - B.T.U.                        M Ea.                        ____________________________
   Floor Furnaces - B.T.U.                          M                            ____________________________
   Wall Heaters - B.T.U.                            M                            ____________________________
   Unit Heaters - B.T. U.                           M                            ____________________________
   Conversion Burner                                ____________________________
   Clothes Dryers                                  ____________________________
   Ventilation Fan                                 ____________________________
   Range Hood                                      ____________________________
   Air Handling                                    C.F.M.                       ____________________________
   Incinerator                                     ____________________________
   Gas Piping                                      ____________________________
   Range                                          COM.  □    DOM.  □

Contractor's Name and Address______________________________________________

Phone___________________________________________________________

All electrical work must be inspected by an authorized inspection agency who must forward inspection report to the Borough of Northampton.

Applicant certifies that all information given is correct and that all pertinent mechanical ordinances will be complied with in performing the work for which this permit is issued.

Signature of Applicant_____________________________________________________

Signature of Approving/Issuing Officer__________________________________________

09/11