

BOROUGH OF HELLERTOWN

685 Main St., Hellertown, PA 18055
Phone: 610-838-7041 Fax: 610-838-0500

MECHANICAL PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY OWNER NAME:	PHONE:
PROJECT ADDRESS:	CELL:
CITY: STATE: ZIP:	EMAIL:
APPLICANT NAME:	PHONE:
APPLICANT ADDRESS:	CELL:
CITY: STATE: ZIP:	EMAIL:
CONTRACTOR NAME:	PHONE:
CONTRACTOR PA REGISTRATION #:	CELL:
CONTRACTOR ADDRESS:	FAX:
CITY: STATE: ZIP:	EMAIL:

MECHANICAL INFORMATION

BUILDING USE	JOB TYPE	INDOOR UNIT LOCATION	OUTDOOR UNIT LOCATION	TYPE OF JOB	TYPE OF UNIT
<input type="checkbox"/> Residential	<input type="checkbox"/> New Unit	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground	<input type="checkbox"/> Heating	<input type="checkbox"/> Oil
<input type="checkbox"/> Commercial	<input type="checkbox"/> Replace Existing Unit	<input type="checkbox"/> 1 st Floor	<input type="checkbox"/> Rooftop	<input type="checkbox"/> A/C	<input type="checkbox"/> Gas
<input type="checkbox"/>	<input type="checkbox"/> New Fuel Type	<input type="checkbox"/> Attic	<input type="checkbox"/>	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Electric
	<input type="checkbox"/> Existing Fuel Type	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Steam
					<input type="checkbox"/> Boiler
					<input type="checkbox"/> Forced Air
					<input type="checkbox"/> Heat Pump
					<input type="checkbox"/> Geothermal
					<input type="checkbox"/> Solar
					<input type="checkbox"/>

ELECTRICAL INFORMATION

LISTED AND LABELED:	SERVICE REQUIRED:	USE EXISTING WIRING?
<input type="checkbox"/> Yes	<input type="checkbox"/> New	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Existing	<input type="checkbox"/> No
<input type="checkbox"/> Other	Size of Service: _____ amps	

PROPOSED WORK

DESCRIPTION OF PROPOSED WORK:
COST OF PROPOSED WORK: \$ _____

SIGNATURE

I hereby certify 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 agent and we agree to conform to all applicable laws of the Borough of Hellertown. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

PERMIT #: _____
DATE ISSUED: _____
PERMIT FEE: \$ _____
APPROVED BY: _____
TITLE: _____ DATE: _____

FEES

BIA: \$ _____
BOROUGH: \$ _____
STATE: \$ _____
TOTAL: \$ _____

PAYMENT

CASH
CHECK # _____
CREDIT CARD