

MUNICIPALITY _____ COUNTY _____



MECHANICAL PERMIT APPLICATION
INSPECTIONS AS PER ACT 45 OF THE UCC

INSPECTIONS CALL 610-395-3827 EXT: 1
P.O. Box 423, Orefield, Pa 18069
Fax 610-395-2231

TRACKING # _____ PERMIT # _____ DATE: _____

Job Site Address: _____

Use of Structure: _____

Business Name: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

Street Number and Street Name

_____ City State Zip

PHONE NUMBER(s): _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

Street Number and Street Name

_____ City State Zip

Phone #s Office: _____ Cell: _____ Fax: _____

Type of Improvement: _____

Water Heater Steam Boiler Hot Water Furnace

Hot Air Furnace Fireplace Air Handler Dryer

Other Equipment: _____

Value of Improvement: _____

Applicant Name: _____

Print and Sign