

MECHANICAL PERMIT

EAST ROCKHILL TOWNSHIP
 1622 Ridge Road, Perkasie, PA 18944
 215-257-9156 fax 215-257-1299
www.EastRockhillTownship.org
Staff@EastRockhillTownship.org

Application Date: ____ / ____ / ____

Location: _____ Tax Parcel: 12- _____

Residential Commercial

Estimated Cost: \$ _____

Oil Gas LPG Electric

Owner Name:	
Address:	
Phone No.:	
Fax No.:	
e-mail:	
<i>Owner Signature:</i>	

Contractor Name:	
Address:	
Phone No.:	
Fax No.:	
e-mail:	
<i>Contractor Signature:</i>	

Description of Work: _____

TYPE OF EQUIPMENT	NUMBER
Air Cond. Units—H.P. Ea.	
Refrigeration Units—H.P. Ea.	
Boilers—H.P. Ea.	
Forced Air System—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
Wood/Pellet/Coal Stove	
Conversion Burner	
Clothes Dryers	
Ventilation Fan	
Range Hood	
Air Handling	C.F.M.
Incinerator	
Gas Piping	
Fireplace/Chimney	
Range	<input type="checkbox"/> Com.
	<input type="checkbox"/> Dom.
TOTAL	
	TOTAL FEE
	\$

APPROVED

PERMIT No. _____

Date Issued: _____

Building Code Official

Fee \$ _____

Check No. _____

Cash _____

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

 Signature of Contractor or his Authorized Representative making Application