

APPLICATION FOR MECHANICAL PERMIT



City of Warren Building Code Department

318 West Third Avenue - Warren, PA 16365

Phone (814)723-6300 - Fax (814) 723-3242

www.cityofwarrenpa.gov

PROPERTY INFORMATION:

Address: _____ City, Borough or Township: _____
(Please Circle)

Owner: _____

Phone #: _____ Cell #: _____

Contractor: _____ Contact: _____

Phone #: _____ Cell #: _____

DESCRIPTION OF WORK: Residential ____ Commercial ____ New ____ Replacement ____ Repair ____

(Check all that apply, use additional sheet if necessary)

LIST OF EQUIPMENT BEING INSTALLED, REPLACED OR REPAIRED: (Enter total here: _____)

Forced Air Furnace ____ Boiler ____ Unit Heater ____ Incinerator ____ Air Handling Unit ____

Heat Pump ____ Coil Unit ____ Air Cleaner ____ Space Heater ____ Solid Fuel Appliance ____

Split System A/C ____ Wall HVAC Unit ____ A/C Compressor ____ Electric Furnace ____

Gravity Furnace ____ Hydronic System ____ Hazardous Exhaust System ____ Other _____

Type of Heating Fuel: Gas Fuel Oil Electric Coal Wood Other _____

Estimated Value of Mechanical Work: \$ _____

The applicant certifies that all information on this application is correct and that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the local governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations. The applicant certifies he/she will contact the Building Code Department to schedule all required inspections prior to covering and permit inspection personnel to enter areas covered by such permit at reasonable times to enforce the provisions of the code(s) applicable to such permit. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. **CALL PA ONE CALL AT (800) 242-1776 BEFORE YOU DIG... IT'S THE LAW!**

Applicant Signature: _____ Date: _____

***** A 48 HOUR ADVANCED NOTICE IS REQUIRED WHEN SCHEDULING AN INSPECTION *****

OFFICE USE ONLY - THIS IS YOUR RECEIPT FOR PAYMENT

Permit Approved? Yes No By: _____ Date: _____

Permit Fee: \$ _____ Payment Type: Cash Check Permit No: _____