



## **TOWNSHIP OF BETHEL**

Delaware County, Pennsylvania 1092 Bethel Road Garnet Valley, PA 19060 Phone: 610-459-1529 Fax: 610-459-2921 www.twp.bethel.pa.us

## APPLICATION FOR MECHANICAL PERMIT

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS						
LOCATION	AT (LOCATION)			ZONING		
BUILDING	SUBDIVISION	LOT	BLOCK	LOT SIZE		
	TYPE AND CO	ST OF BUILD	ING			
TYPE OF IMPROVEMENT  1 New Building  2 Addition (If residential, enter number of new housing units added, if any, in PROPOSED USE, No. 11  3 Alteration (See 2 above)  4 Repair, Replacement		8   (I	OWNERSHIP  8 Private (Individual, Corporation, Non-profit Institution, etc.)  9 Public (Federal, State, or Local Government)			
	SE - For "Wrecking" - most recent use					
11 ☐ Two or More Family – Enter number of units       15 ☐ Church, Other of units         12 ☐ Garage       16 ☐ Industrial         13 ☐ Other – Specify       17 ☐ Parking Garage		al Garage Station, Repair Garage Institutional	22 School, Library, Other Educational 23 Stores, Mercantile age 24 Tanks, Towers 25 Other - Specify itutional			
DESCRIPTION OF WORK						
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Date			

MECHANICAL PERMIT APPLICATION					
Enter the number of New or Replacement Units					
Forced Air Furnace	Incinerator	Hazardous Exhaust System			
Unit Heater	Boiler	Electric Furnace			
Gas/Oil Conversion	Coil Unit	Duct Work			
Space Heater	Split System A/C	Furnace			
Gravity Furnace	A/C Compressor				
Solid Fuel Appliance	Air Handling Unit				
Gas-Fired Fireplace	Heat Pump				
Wood Fireplace	Kitchen Exhaust Hood-Commercial				
Chimney Liner	Kitchen Exhaust Hood-Residential				

IDENTIFICATION - To be completed by all applicants						
	. Name	Mailing Address				
1. Owner or Lessee						
	Telephone No.					
2.						
Contractor	Telephone No.	PA License No.				
3. Architect						
or Engineer	Telephone No.					
I hereby o	certify that the proposed work is authorize cation as his authorized agent, and we ag	ed by the owner of record, that I have been authorized by tree to conform to all applicable laws of this jurisdiction.	the owner to make			
Signature	of Applicant	Address	Application Date			
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VALIDATION			
PERMIT ISSUED	20		FOR DEPARTMENT USE ONLY
			Use Group
PERMIT FEE \$			Fire Grading
PLAN REVIEW FEE \$			Live Loading
CHECK NO.		Approved by:	Occupancy Load
CASH\$	. Literatura de la constantina della constantina	Approved by.	
DATE			
			TITLE