

MECHANICAL PERMIT APPLICATION

Date	Please provide the following documents with this application: A Contractors PA Registration A Certificate of Liability naming Upper Makefield Township as the Certificate Holder		Tax Map Parcel # 47-
Owner's Name:		Owner's Address:	
Owner's Phone #:		Owner's Email Address:	
Contractor's Name:		Contractor's Address	
Contractor's Phone #:		Contractor's Email Address:	
Use Group (Circle One) R-3 R-4	Heating System (Circle One) Conversion Replacement	Fuel Source (Circle One) Gas Oil Electric Solar	Type (Circle One) Hydronic Hot Air
Description of Work / Attached Documents		Estimated Cost of Project	
		\$	
Fixtures / Equipment			
Water heater / #	Hot Water Boiler / #	Gas Piping / #	Oil Tank / #
LPG Tank / #	Hot Air Furnace / #	Steam Boiler / #	Fire Place / #
Others / #	Fuel Oil Piping / #		

Applicants Signature _____ Date _____

Save first, then email completed forms to codeoffice@uppermakefield.org

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Insurance Information: _____

Name of Applicant: _____

Federal or State Employer I.D.

No. _____

Exemptions:

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons:

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

_____ Homeowner who elects to perform all of the work without contracting or hiring others to assist. Please provide a Home Owners Insurance Declaration page.

_____ Religious exemption under Workmen's Compensation Law.

Notary:

Sworn to and subscribed before me this _____ day of _____, 20__.

_____ Stamp:

Signature

It is understood and agreed by this application that any error, misstatement or misrepresentation of material fact either with or without intention on the part of this applicant, such as might or would cause refusal to this permit or any change in use of structure of land made subsequent to the issuance of this permit with the approval of the Zoning Director, shall constitute sufficient ground for the revocation of this permit.

Applicant's Signature _____ Date _____

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