

MECHANICAL PERMIT APPLICATION

Date	Please provide the following documents with this application: A Contractors PA Registration A Certificate of Liability and Worker's Comp insurance 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

