

MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_



**MECHANICAL PERMIT APPLICATION**  
INSPECTIONS AS PER ACT 45 OF THE UCC  
INSPECTIONS CALL 610-395-3827 EXT: 1  
P.O. Box 423, Orefield, Pa. 18069  
Fax 610-395-2231

TRACKING # \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE: \_\_\_\_\_

Use of Structure: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

PHONE NUMBER(s): \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Number and Street Name

City

State

Zip

Phone #s Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Water Heater  Steam Boiler  Hot Water  Furnace

Hot Air Furnace  Fireplace  Air Handler  Dryer

Other Equipment: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Print and Sign

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COMMERCIAL ONLY