

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