COPLAY BOROUGH

98 South 4th Street
Coplay, PA 18037
Office: 610-262-6088 Fax: 610-262-4591

MECHANICAL PERMIT APPLICATION FORM

This form must be completed and neatly printed or typed

Permit #: _____ Date Received _____

Deed Owners Name _____

Address _____

Phone # _____ Email _____

Lot Size _____

Contractor Info _____

Address _____

Phone # _____ Email _____

Pennsylvania Home Improvement Contractor # (PAOAGHIC #) _____

☐ Water Heater ☐ Dryer ☐ Furnace ☐ Hot Air Furnace

☐ Air Handler ☐ Fire Place ☐ Steam Boiler

Appliance Gas _____ Electric _____ Project Cost _____

Other Appliance not listed above: _____

Signature _____ Date _____

Permit valid Six (6) months from issuance.