

BOROUGH OF COOPERSBURG

5 N. Main St. Coopersburg, PA 18036
Phone: 610-282-3307 Fax: 610-282-4668

MECHANICAL PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY OWNER NAME: _____	PHONE: (____) _____
PROJECT ADDRESS: _____	CELL: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
APPLICANT NAME: _____	PHONE: (____) _____
APPLICANT ADDRESS: _____	CELL: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
CONTRACTOR NAME: _____	PHONE: (____) _____
CONTRACTOR PA REGISTRATION #: _____	CELL: (____) _____
CONTRACTOR ADDRESS: _____	FAX: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____

MECHANICAL INFORMATION

BUILDING USE	JOB TYPE	INDOOR UNIT LOCATION	OUTDOOR UNIT LOCATION	TYPE OF JOB	TYPE OF UNIT
<input type="checkbox"/> Residential	<input type="checkbox"/> New Unit	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground	<input type="checkbox"/> Heating	<input type="checkbox"/> Oil
<input type="checkbox"/> Commercial	<input type="checkbox"/> Replace Existing Unit	<input type="checkbox"/> 1 st Floor	<input type="checkbox"/> Rooftop	<input type="checkbox"/> A/C	<input type="checkbox"/> Gas
<input type="checkbox"/> _____	<input type="checkbox"/> New Fuel Type	<input type="checkbox"/> Attic	<input type="checkbox"/> _____	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Electric
	<input type="checkbox"/> Existing Fuel Type	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> Steam

ELECTRICAL INFORMATION

LISTED AND LABELED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	SERVICE REQUIRED: <input type="checkbox"/> New <input type="checkbox"/> Existing Size of Service: _____ amps	USE EXISTING WIRING? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Boiler <input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Geothermal <input type="checkbox"/> Solar <input type="checkbox"/> _____
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PROPOSED WORK

DESCRIPTION OF PROPOSED WORK: _____

COST OF PROPOSED WORK: \$ _____

SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of the Borough of Coopersburg. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY	FEES	PAYMENT	DISTRIBUTION LIST
PERMIT #: _____	BIA: \$ _____	<input type="checkbox"/> CASH	<input type="checkbox"/> BOROUGH
DATE ISSUED: _____	BOROUGH: \$ _____	<input type="checkbox"/> CHECK	<input type="checkbox"/> CODE OFFICE
APPROVED BY: _____	STATE: \$ _____	<input type="checkbox"/> IN MAIL	<input type="checkbox"/> REGISTRAR
TITLE: _____ DATE: _____	TOTAL \$ _____		<input type="checkbox"/> ADMINISTRATION
			<input type="checkbox"/> RIGHT TO KNOW