



TOWNSHIP OF BETHEL

Delaware County, Pennsylvania
 1092 Bethel Road
 Garnet Valley, PA 19060

Phone: 610-459-5565
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 www.twp.bethel.pa.us

APPLICATION FOR MECHANICAL PERMIT

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS

LOCATION OF BUILDING	AT (LOCATION) _____	ZONING DISTRICT _____
	SUBDIVISION _____	LOT _____ BLOCK _____ LOT SIZE _____

TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in PROPOSED USE, No. 11) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, Replacement	OWNERSHIP 8 <input type="checkbox"/> Private <i>(Individual, Corporation, Non-profit Institution, etc.)</i> 9 <input type="checkbox"/> Public <i>(Federal, State, or Local Government)</i>
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PROPOSED USE - For "Wrecking" - most recent use

Residential 10 <input type="checkbox"/> One or Two Family 11 <input type="checkbox"/> Two or More Family - Enter number of units _____ 12 <input type="checkbox"/> Garage 13 <input type="checkbox"/> Other - Specify _____ _____ _____	Commercial 14 <input type="checkbox"/> Amusement, Recreational 15 <input type="checkbox"/> Church, Other Religious 16 <input type="checkbox"/> Industrial 17 <input type="checkbox"/> Parking Garage 18 <input type="checkbox"/> Service Station, Repair Garage 19 <input type="checkbox"/> Hospital, Institutional 20 <input type="checkbox"/> Office, Bank, Professional	21 <input type="checkbox"/> Public Utility 22 <input type="checkbox"/> School, Library, Other Educational 23 <input type="checkbox"/> Stores, Mercantile 24 <input type="checkbox"/> Tanks, Towers 25 <input type="checkbox"/> Other - Specify _____ _____ _____
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Existing Building

DESCRIPTION OF WORK

PERMIT NO. _____

MECHANICAL PERMIT APPLICATION

Enter the number of New or Replacement Units

	Forced Air Furnace		Incinerator		Hazardous Exhaust System
	Unit Heater		Boiler		Electric Furnace
	Gas/Oil Conversion		Coil Unit		DuctWork
	Space Heater		Split System A/C		Furnace
	Gravity Furnace		A/C Compressor		
	Solid Fuel Appliance		Air Handling Unit		
	Gas-Fired Fireplace		Heat Pump		
	Wood Fireplace		Kitchen Exhaust Hood-Commercial		
	Chimney Liner		Kitchen Exhaust Hood-Residential		

IDENTIFICATION - To be completed by all applicants

Name		Mailing Address
1. Owner or Lessee		
	Telephone No.	
2. Contractor		
	Telephone No.	PA Ucnse No.
3. Architect or Engineer		
	Telephone No.	

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date
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VALIDATION

PERMIT ISSUED _____ 20____	EQBO of EARTH Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
PERMIT FEE \$ _____	
PLAN REVIEW FEE \$ _____	
CHECK NO. _____	
CASH \$ _____	Approved by: _____
DATE _____	TITLE _____