

Applicant Signature

United Code Consultants

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MECHANICAL PERMIT APPLICATION

Municipality: _____ **Worksite Information** <u>Type</u> Address: ____ New Replacement Conversion **Heat Source** Electric Natural Gas Parcel# Propane Solar Wind Geothermal Residential Commercial Wood Oil Applicant/Contact Person Mechanical Equipment Name: Type of Equipment Type of Equipment Number Number Address: **Heat Recovery** Air Handling Unit Unit City:_____State:____ Attic / Crawlspace Hot Water Heater (Gas Only) Zip:_____Phone:____ Boiler / Mechanical Compressor System Pumps E-Mail: Chimney: Pool or Spa Heater liner/flue/vent **Owner** Type 1 Hood and Propane Tank (Site Plan Required) Duct System Type 2 Hood and Range Hood / Name: Duct System Exhaust Fan Refrigeration Address: Clothes Dryer Equipment Ductwork or Roof Top HVAC City:_____State:____ Venting (Complex) Solid Wood Zip:_____Phone:____ Gas Fireplace **Burning Appliance** Gas Piping Ventilation Fan E-Mail: Residential Gas Piping Other: Contractor Commercial Generator Name:_____ Heating Appliance < 100,000 BTU Business Heating Appliance Name:___ > 100,000 BTU License#____ Heat Pump Expiration Date:____ **Description:**

Date