

APPLICATION FOR MECHANICAL PERMIT

Township of Upper St. Clair
1820 McLaughlin Run Road, Upper St. Clair PA 15241
Phone 412.831.9000 ext. 233 or 263 FAX 412.854.0773 www.twpusc.org

PERMIT NO. BLD_____

I (We) hereby make application for a mechanical permit submitting herewith two (2) copies of plot plan (survey), showing on same location of outside condensing unit for proposed central air conditioning and two (2) sets of specifications for proposed heating units. Also complete a Middle Department Inspection Agency Application For Electrical Inspection form.

PROPERTY ADDRESS:

Plan/Subdivision:	Lot No.	Zoning District:
Owner(s) Name & Address:	City:	Zip:
	Phone:	
Contractor & Address:	City:	Zip:
	Phone:	

WORKERS COMPENSATION ACT – TO BE COMPLETED BY CONTRACTOR

Contractor, in compliance with Act 44 of 1993, hereby submits: **(PLEASE CHECK ONE)**

- Certificate of Insurance () Attached () On File
- Certificate of Self-Insurance () Attached () On File
- Affidavit of Exemption () Attached
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

Contractor's Federal or State Employer ID No. (EIN):

My signature on behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Contractor's Signature:

Print Name:	Print Title:
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Company Name:

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :

Sworn and subscribed before me this _____ day of _____, 20_____

NOTARY

PROJECT DESCRIPTION

HEATING EQUIPMENT - Type: check one:

Hot Water Forced Air Specify Other:

CENTRAL AIR CONDITIONING - Location: check one:

Front Yard Side Yard Rear Yard Other

Unit
Height:

Unit
Width:

Distance from
Residence:

FEE

ELE: \$50 (COMPLETE SEPARATE MDIA FORM)

**BLD: \$35 FOR 1ST \$10,000 estimated value of construction + \$4 for each \$1,000 or portion thereof over \$10,000 (ROUNDED UP)
PLUS \$4 PA State Permit Surcharge**

Estimated
Construction Cost: \$ _____

BLD Fee: _____ + \$4.00 = \$ _____

ELE Fee: \$ _____

**TOTAL FEE
(BLD & ELE):**

**CHECK NO. & BANK NAME OR
CASH REC. NO.:**

AFFIDAVIT

(A Notary is available for no fee at the Community Development office)

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared

_____, who by me first duly sworn according to law, depose(s) and say(s) that he, she or they (is, are) the Owner(s) of the above-described property (or if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation and duly authorized to complete and make this application for a Mechanical Permit and this affidavit on behalf of such firm or corporation), that all of the statements contained above are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

NOTARY

OWNER'S SIGNATURE OF AFFIDAVIT

***FOR ELECTRICAL INSPECTION, PLEASE CALL
MIDDLE DEPARTMENT INSPECTION AGENCY 1.800.422.6342***

FOR FINAL INSPECTION, PLEASE CALL THE BUILDING INSPECTOR'S OFFICE AT 412.831.9000 EXT. 501

(SPACE BELOW THIS LINE TO BE FILLED IN BY BUILDING INSPECTOR ONLY)

Plans and Specifications and Plot Plan for the above application have been examined, and I hereby certify that they comply in every particular with Codes of the Township of Upper St. Clair, and approve the issuing of a Mechanical Permit for the same.

Date Approved

Inspector's Signature

FINAL ELECTRICAL INSPECTION: PASS FAIL

INSPECTOR'S SIGNATURE:

DATE:

FINAL TOWNSHIP INSPECTION: PASS FAIL

INSPECTOR'S SIGNATURE:

DATE: