APPLICATION FOR MECHANICAL PERMIT

AIR CONDITIONING, HEATING, GENERATOR, SOLAR PANEL

Township of Upper St. Clair
1820 McLaughlin Run Road, Upper St. Clair PA 15241
Phone 412.831.9000 Ext. 5010 FAX 412.854.0773
www.twpusc.org

OFFICE USE

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, generator or solar panel & two (2) sets of specifications for the same. For proposed heating unit, submit two (2) sets of specifications.
Also complete a Middle Department Inspection Agency Application For Electrical Inspection form.

PROPERTY ADDRESS:

Plan/Subdivision:			Lot No.:	Zoning District:
Property Owner(s) Name Address (*if different from above*): City:	State:	Zip:	Home Phone: Cell: Email:	
Contractors Name: Address: City:	State:	Zip:	Work phone: Cell/Emergency Contact:	

PROJECT DESCRIPTION

EQUIPMENT:

HEATING: ☐ Hot Water ☐ Forced Air ☐ Gas line connection

☐ Air Conditioner ☐ Solar Panel ☐Generator Other-Specify:_____

EXTERIOR EQUIPMENT LOCATION: ☐ Front Yard ☐ Side Yard

***Indicate location on survey** ☐ Rear Yard Other-Specify _____

EXTERIOR EQUIPMENT SIZE:	Unit Height:	Unit Width:	Distance from Residence:

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:

TOWNSHIP OF UPPER ST. CLAIR MUST BE LISTED AS THE CERTIFICATE HOLDER

Contractor's Federal or State Employer ID No. (EIN):	Company Name:
Print Name & Title:	

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: **Date:**

FEES

ELE: Generator and AC Unit: $157.00,
ELE: Solar Panels: $130 (up to 20kw) + $.01/watt over 20kw
(COMPLETE SEPARATE MDIA FORM)
BLD: **$35** FOR 1ST $10,000 estimated value of construction + $4.00 for each $1,000 over $10,000 (ROUNDED UP)
PLUS **$4.50** PA State Permit Surcharge

Estimated Construction Cost: $_____	OFFICE USE CHECK NO. & BANK NAME or CASH REC. NO.:	
BLD Fee: $_____+ $**4.50** = $ _____	ELE Fee: $157.00	**TOTAL FEE (BLD + ELE):** $_____

PROPERTY OWNER'S STATEMENT

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I further agree to comply with the provisions of the Codes and Regulations of the Township of Upper St. Clair and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether or not specified in this application. In addition, I agree that if a permit is issued, the permit may be revoked by administrative action of the Township of Upper St. Clair for failure to comply with said laws and regulations.

_____ _____
Property Owner's Signature Date

BELOW FOR OFFICE USE

THE ABOVE APPLICATION HAS BEEN EXAMINED AND IS HEREBY ☐ APPROVED ☐ DENIED

INSPECTOR'S SIGNATURE**:**	DATE

FOR ELECTRICAL INSPECTION, PLEASE CALL MIDDLE DEPARTMENT INSPECTION AGENCY 1.800.422.6342

FINAL ELECTRICAL INSPECTION: ☐ PASS ☐ FAIL	
INSPECTOR'S SIGNATURE:	DATE:

FOR FINAL INSPECTION, PLEASE CALL THE BUILDING INSPECTOR'S OFFICE AT 412.831.9000 EXT. 5010

FINAL TOWNSHIP INSPECTION: ☐ PASS ☐ FAIL	
INSPECTOR'S SIGNATURE:	DATE: