

Thornbury Township, Chester County
8 Township Drive
Cheyney, PA 19319-6714

Ph: 610-399-1425 www.thornburytwp.com Fax: 610-399-6714

MECHANICAL PERMIT APPLICATION

PROPERTY OWNER AND BUILDING INFORMATION					
Owner or Business Name					Phone
Street Address				Apt	Zip
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	Zoning
			<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____	

COST OF CONSTRUCTION \$ _____

TYPE OF IMPROVEMENT	OWNERSHIP
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 10) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, Replacement	5 <input type="checkbox"/> Private (Individual, Corporation, Non-profit Institution, etc.) 6 <input type="checkbox"/> Public (Federal, State, or Local Government)

PROPOSED USE - For "Wrecking" most recent use		
Residential	Non-Residential	
7 <input type="checkbox"/> One or Two Family 8 <input type="checkbox"/> Two or More Family Enter Number of Units _____ 9 <input type="checkbox"/> Garage 10 <input type="checkbox"/> Other - Specify _____ _____ _____	11 <input type="checkbox"/> Amusement, Recreational 12 <input type="checkbox"/> Church, Other Religious 13 <input type="checkbox"/> Industrial 14 <input type="checkbox"/> Parking Garage 15 <input type="checkbox"/> Service Station, Repair Garage 16 <input type="checkbox"/> Hospital, Institutional 17 <input type="checkbox"/> Office, Bank, Professional	18 <input type="checkbox"/> Public Utility 19 <input type="checkbox"/> School, Library, Educational 20 <input type="checkbox"/> Stores, Mercantile 21 <input type="checkbox"/> Tanks, Towers 22 <input type="checkbox"/> Other - Specify _____ _____
<input type="checkbox"/> Existing Building		

DESCRIPTION OF WORK

PERMIT NO. _____

SERVICES - 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		Duct Work
	Space Heater		Split System A/C		Furnace
	Gravity Furnace		A/C Compressor		Roof Unit <input type="checkbox"/> Yes <input type="checkbox"/> No
	Solid Fuel Appliance		Air Handling Unit		
	Gas-Fired Fireplace		Heat Pump		
	Wood Fireplace		Kitchen Exhaust Hood		
	Chimney Liner				

IDENTIFICATION - To be completed by all applicants

Property Owner or Lessee	Name	Mailing Address	
	Phone No.		

Contractor	Name	Mailing Address	PA License No.
	Phone No.		

Architect or Engineer	Name	Mailing Address	
	Phone 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	Application Date
------------------------	------------------

VALIDATION

PERMIT ISSUED _____ 20____ PERMIT FEE \$ _____ PLAN REVIEW FEE \$ _____ CHECK NO. _____ CASH \$ _____ DATE _____	FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: _____ Title: _____	