



Lower Alsace Township

1200 Carsonia Avenue
Reading PA 19606
Phone (610) 779-6400
Fax (610) 370-0797

2020 MECHANICAL / HVAC PERMIT APPLICATION

Date: _____

Name of Owner: _____ Phone # _____

Email Address: _____

Property Address: _____

Name of Contractor: _____ Phone # _____

Address: _____

Description of work to be performed: _____

Commercial _____ Residential _____ Property PIN _____

No#	Type of Installation	New	Replacement	Oil	Gas	Other	
___	Boiler-Steam/Hot Water	___	___	___	___	___	x \$30.00
___	Furnace	___	___	___	___	___	x \$30.00
___	Air Handler/Hot Air Furnace	___	___	___	___	___	x \$30.00
___	A/C Condensing Unit	___	___	___	___	___	x \$30.00
___	Gas Piping	___	___	___	___	___	x \$30.00
___	Duct Installation	___	___	___	___	___	x \$30.00
___	Domestic Hot Water Heater	___	___	___	___	___	x \$30.00
___	Self-Contained	___	___	___	___	___	x\$55.00
___	Geo Thermal/ Solar	___	___	___	___	___	x\$55.00
___	Solid Fuel Appliances & Other Items	___	___	___	___	___	<u>x\$30.00</u>

Estimated cost of work to be performed including labor, materials & equipment: \$ _____

Total from above \$ _____

Labor & Materials up to the 1st \$1,000 \$ 55.00

Cost in Excess of \$1,000 ---- .005 x Amount over \$1,000 \$ _____

UCC \$ 4.50

TOTAL: \$ _____

Permits will be issued to Mechanical Contractors who present a valid Mechanical Contractor License after having successfully passed an examination from another municipality or jurisdiction recognized by the Township of Lower Alsace as well as a certificate of insurance establishing that the contractor is currently insured by a reputable insurance company acceptable to the Township of Lower Alsace covering said contractor for property damages in the amount of not less than \$50,000 for any one claim, and not less than \$100,000 for multiple claims arising from the same undertaking, as well as public liability insurance in the amount of not less than \$100,000 from any one claim and not less than \$300,000 for more than one claim arising from the same undertaking; certificate shall also present proof of workers compensation insurance or an affidavit that workers compensation insurance as not required.