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



Code Enforcement Department

Permit Number:

## APPLICATION FOR MECHANICAL/HVAC PERMIT

Rev Jan 2024

PART A: TO BE COMPLETED BY OWNER / APPLICANT									
Name of Property Owner:				Address:					
Phone No.: Mobile Phone No.:				Email Address:					
Name of Applicant if other than Owner:				Address:					
Phone No.:	Mobile Phone No.:			Email Address:					
Name of Contractor:				Address:					
Phone No: Mobile Phone No.:				Email Address:					
PROPERTY IN	VFORMATION								
				ax PIN: Residential Commercial					
Description of W		Estimated cost including labor, materials, equipment: \$							
# Units for Installation	TYPE OF INSTALLATION	NEW	REPLACEMEN	IT OIL	GAS	OTHER	FEE		
	Boiler-Steam/Hot Water						(x \$30.00)		
	Furnace						(x \$30.00)		
	Air Handler/Hot Air Furnace						(x \$30.00)		
	A/C Condensing						(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)		
	Geothermal/Solar				Ц		(x \$55.00)		
	Solid Fuel Appliances& Other Items						(x \$30.00)		

STATEMENT BY APPLICANT, OWNER, and/or OWNER'S AGENT:									
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 a public liability insurance in the amount of not less than \$100,000 from any one claim and not less than \$100,000 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.									
In consideration of the issuance of this permit, the undersigned hereby agree to comply with the provisions of all the Ordinances of Lower Alsace Township which in any wise appertain to, or cover the above mentioned work, and further agree to properly safeguard the public and indemnify the Township against injury or damages which might arise in connection with such work as covered by this permit.									
	lations. Approval of this perr	mit application by	the Building Code Official does not reliev	e the Owner from complying wi	at it is my/our responsibility to review and comply th any of these requirements. I am authorized to e required inspections as part of an issued				
Signature of Applicant:					Date:				
Signature of Property Owner/Ag	3ent:				Date:				
PART B: TO BE COMPLET	ED BY BUILDING	CODE OFF	ICIAL						
Application is: Appl	roved [	Denied	Permit No	Permit Expira	ation Date:				
Reason for Denial:									
BUILDING CODE OFFICIAL SIGN	ATURE:			DATE:					
Total of type of Installation Fees (From Above) :	\$	-							
Labor & Materials Up to 1 <sup>st</sup> \$1,000:	\$	-							
Cost in Excess of \$1,000 (.005 x Amt over \$1,000):	\$	-							
UCC:	\$	-	Reason for Reason for any						
TOTAL DUE:	\$		Fee Reduction/Waiver:						
TOTAL PAID:	\$	-							
Paid by:		_ Method of P	oayment:	Check No.:	Date Paid:				