

Borough of Alburtis  
**APPLICATION FOR MECHANICAL PERMIT**

Application is hereby made for a permit to install or alter mechanical systems on the premises described herewith. The information which follows, together with the mechanical plan, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change made subsequent to the issuance of the permit, without approval shall constitute sufficient ground for the revocation of this permit, and/or prosecution, or both.

**PLEASE PRINT OR TYPE INFORMATION**

**OFFICE USE ONLY**

Application Date: \_\_\_\_\_

Approx. Start Date: \_\_\_\_\_

FEE: \_\_\_\_\_

Location _____	
Type of structure: New _____ Existing _____	
Contractor _____	Owner _____
Street _____ City _____	Street _____ City _____
Phone # _____	Phone # _____
Email Address _____	
Description of work to be performed: _____	
_____ Estimated Cost _____	

Mechanical Permit is Hereby Issued: \_\_\_\_\_ *Mechanical Inspector*

<b>HVAC Systems</b>	<b>Commercial</b> _____	<b>Plan submitted:</b> Yes _____ No _____
	<b>Residential</b> _____	
<b>Installation:</b> New _____ Replacement _____ Conversion _____		
<b>A/C:</b>	Size of unit (BTUs) _____ # of units _____ Manufacturer _____	
	Self-contained _____ Separate units _____ Gas _____ Oil _____ Electric _____	
	Evaporator condenser _____ Water tower _____ Fluid cooler _____	
<b>HEATING:</b>	Size of unit (BTUs) _____ # of units _____ Manufacturer _____	
	Furnace _____ Boiler _____ Heat Pump _____ Gas _____ Oil _____	
	Hot water _____ Steam _____ Forced air _____	
<b>DUCTWORK:</b>	Type of construction: Metallic ducts _____ Non-metallic ducts _____ Flexible ducts _____	
	<u>For Commercial ONLY</u> - Smoke detectors for supply air: Yes or No return air: Yes or No	
	Fire Dampers: Yes or No	
<b>MISC.:</b>	Dryer vent size _____ in. Bathroom vent size _____ in. Kitchen exhaust: duct or ductless	

<b>For Commercial ONLY</b>	
<b>KITCHEN EXHAUST EQUIPMENT*:</b>	<b>Required plan submitted:</b> Yes _____ No _____
Grease duct size _____ Duct material _____ Gage # _____	
Makeup air duct size _____ Duct material _____ Gage # _____ Makeup air CFM _____	
Clearance to combustible materials _____ in. # of clean outs _____ Grease filters: Yes or No	
Termination above the roof _____ in. OR thru exterior wall _____ ft. from air intake openings	
Hood size _____ Hood material _____ UL710: Yes or No	
Type of fire suppression system _____ UL 300: Yes or No	
# of heads _____ # of fusible links _____	

\* BALLOON TEST IS REQUIRED AT FINAL INSPECTION

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### Fuel Oil Piping and Storage

NOTICE: Underground fuel oil storage and all tanks exceeding 660 gallons shall be in compliance with Fire Department regulations.

Size of tank \_\_\_\_\_ gals.    # of tanks \_\_\_\_\_    Tank material \_\_\_\_\_    UL Test label # \_\_\_\_\_  
Single liner \_\_\_\_\_    Double liner \_\_\_\_\_    Piping material \_\_\_\_\_    Gage # for tank \_\_\_\_\_  
Location of tank:    Indoor \_\_\_\_\_    Above ground \_\_\_\_\_    Underground \_\_\_\_\_

### Fireplaces, Solid Fuel-Burning and Gas/Oil Accessory Appliances

**Type of appliance** \_\_\_\_\_    **Manufacturer** \_\_\_\_\_    **Test label** \_\_\_\_\_  
**Construction type:**    Masonry \_\_\_\_\_    Factory build \_\_\_\_\_    Free-standing \_\_\_\_\_    Insert \_\_\_\_\_  
**Fuel type:**    Pellet \_\_\_\_\_    Coal \_\_\_\_\_    Wood \_\_\_\_\_    Oil \_\_\_\_\_    Other \_\_\_\_\_  
**Hearth:** Floor construction:    Concrete \_\_\_\_\_    Brick \_\_\_\_\_    Stone \_\_\_\_\_    Tile \_\_\_\_\_    Other \_\_\_\_\_  
Extension from fireplace opening: Front \_\_\_\_\_    Sides \_\_\_\_\_  
**Radiation clearances:**    Above \_\_\_\_\_    Left side \_\_\_\_\_    Right side \_\_\_\_\_    Rear \_\_\_\_\_    Front \_\_\_\_\_

### Chimneys and Vents

Size of Flue \_\_\_\_\_ in.    Termination height \_\_\_\_\_ in.    Clean Out: Yes or No  
Masonry/Terra cotta \_\_\_\_\_    Stainless Steel \_\_\_\_\_    Aluminum \_\_\_\_\_  
Single wall \_\_\_\_\_    Double wall insulated \_\_\_\_\_    Triple wall insulated \_\_\_\_\_  
Direct vent \_\_\_\_\_    Power vent \_\_\_\_\_  
Clearance thru Roof or Wall \_\_\_\_\_ in. from Combustible Materials  
Connector:    Size \_\_\_\_\_    Thimble \_\_\_\_\_    Clearance Vertical \_\_\_\_\_ in.    Clearance Horizontal \_\_\_\_\_ in.  
Existing type material \_\_\_\_\_    Lined \_\_\_\_\_    Unlined \_\_\_\_\_