



Phone: 215-348-9915 • Fax: 215-348-8729
 Website: www.doylestownpa.org



425 Wells Road • Doylestown, PA 18901

MECHANICAL PERMIT APPLICATION

Owner: _____
 Address: _____

Contractor's State Registration No: _____
 Contractor's/Applicant Name: _____
 Contractor's Address: _____

Owner Phone No: _____
 Owner Cell No: _____

Contractor's Phone No: _____
 Contractor's Cell No: _____

Location of Work: _____
 Type of Building: Residential Non-Residential
 Used as: _____ **ENCLOSE 2 COPIES OF PLANS/SPECIFICATIONS**

Type of Work: (check one) New Addition Alteration Repair Other

Type of Fuel: Oil Gas LPG Electric

Total Cost of Mechanical Work:			
Type of Equipment	Quantity	Type of Equipment	Quantity
Air Condition Unit		Geothermal System	
HVAC Vent		Clothes Dryers	
HVAC Return		Ventilation Fan	
Gas Fireplace		Range Hood	
Fuel Storage Tank		Hazardous Exhaust	
Radiant Heater		Space Heater	
Refrigeration Unit		Air Handler	
Boilers		Air Cleaner	
Forced Air System		Solar Systems	
Gravity System		Incinerator	
Floor Furnace		Gas Piping	
Wall Heater		Range <input type="checkbox"/> Com. <input type="checkbox"/> Dom.	
Heat Pump		Solid Fuel Appliance	
Wood Stove		Other	
Mechanical Permit Fees: (Twp. use only)			
PA UCC Surcharge Fee:		\$4.00	
Total Fees Due:		(Twp. use only)	

By signing this application the applicant certifies that all the information is correct and that the property owner has authorized work and Township inspection of the work. All work to comply with the PA UCC as amended. Please call Doylestown Township a 215-348-9915 to schedule inspections at least 24 hours in advance.

DATE: _____ Signature of Applicant _____ (Required)
 Print Applicant's Name _____ (Required)