



SHARON HILL BOROUGH

APPLICATION FOR MECHANICAL PERMIT

250 Sharon Avenue
Sharon Hill, PA 19079
610-586-8200
Fax 610-586-3991

IMPORTANT – Applicant to complete all items in sections: I, II, III, and IV.

I. LOCATION OF BUILDING

AT (LOCATION) _____ ZONING DISTRICT _____
 (NO.) (STREET)

BETWEEN _____ AND _____
 (CROSS STREET) (CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

- 1 New building
- 2 Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3 Alteration (See 2 above)
- 4 Repair, replacement
- 5 Fence
- 6 Decks
- 7 Porch

B. OWNERSHIP

- 8 Private (Individual, corporation, non-profit institution, etc.)
- 9 Public (Federal, State, or local government)

C. COST

(Omit cents)

10. Other TOTAL COST OF IMPROVEMENT \$ _____

\$ _____

\$ _____

\$ _____

D. PROPOSED USE – For "Wrecking" most recent use

Residential

- 12 One or two family
- 13 Two or more family – Enter number of units _____
- 14 Garage
- 15 Day Care
- 16 Other – Specify _____

Non-residential

- 17 Amusement, recreational
- 18 Church, other religious
- 19 Industrial
- 20 Parking garage
- 21 Service station, repair garage
- 22 Hospital, institutional
- 23 Office, bank, professional

- 24 Public utility
- 25 School, library, other educational
- 26 Stores, mercantile
- 27 Tanks, towers
- 28 Other – Specify _____
- Existing Building

Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING

E. PRINCIPAL TYPE OF FRAME

- 29 Masonry (wall bearing)
- 30 Wood frame
- 31 Structural steel
- 32 Reinforced concrete
- 33 Other – Specify _____

F. DIMENSIONS

- 34 Number of stories _____
- 35 Total square feet of floor area, all floors, based on exterior dimensions _____
- 36 Total land area, sq. ft. _____

Date _____

MECHANICAL PERMIT APPLICATION

Enter the number of New or Replacement Units

	Forced Air Furnace		Incinerator		Heat Pump
	Unit Heater		Boiler		Air Cleaner
	Gas/Oil Conversion		Coil Unit		Kitchen Exhaust Hood
	Space Heater		Window A/C Unit		Hazardous Exhaust System
	Gravity Furnace		Split System A/C		Electric Furnace
	Solid Fuel Appliance		A/C Compressor		Duct Work
	Gas Fired Fire Place		Air Handling Unit		Boiler
	Wood Fire Place		Heat Pump		Furnace
	Chimney Liner				

DESCRIPTION OF WORK

IV. IDENTIFICATION – To be completed by all applicants

	Name	Mailing address - Number, Street, City, and State	Zip Code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and 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	Address	Application date
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