

**UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY  
DEPARTMENT OF LICENSES AND INSPECTIONS  
MECHANICAL PERMIT APPLICATION**

ALL WORK SHALL CONFORM TO THE INTERNATIONAL MECHANICAL CODE AS APPLICABLE TO THE UCC

Street Address (Job) \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**PA Home Improvement Contractor registration # \_\_\_\_\_**

**Contractor's Certificate of Insurance is required with each application.**

Please select one of the following:

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

New \_\_\_\_\_ Repair \_\_\_\_\_ Replace \_\_\_\_\_

**Emergency job? Yes/ No**

Absorption System	_____	Fireplace Stove/ Insert	_____
Air-Conditioning System	_____	Forced-Air Furnace	_____
Air-Distribution System	_____	Heat Pump	_____
Automatic Fire Suppression System	_____	Heating Oil Tank	_____
Boiler	_____	Natural Gas Line & Tie-in	_____
Clothes Dryer	_____	Pellet Fuel-Burning Appliance	_____
Commercial Kitchen Exhaust	_____	Propane Tank	_____
Damper only	_____	Radiant Heater	_____
Ductwork only	_____	Refrigeration System	_____
Energy Recovery System	_____	Smoke Control System	_____
Factory-Built Fireplace	_____	Vented Wall Furnace	_____
Fire Suppression System	_____	Unit Heater	_____

**ALL WORK IS REQUIRED TO BE INSPECTED PRIOR TO CONCEALMENT AND UPON COMPLETION – CALL KEYSTONE MUNICIPAL SERVICES 610-328-4830 TO SCHEDULE**

**\*\*Permits may be emailed or picked up in person at the Township Building Please select below:**

I will pick up \_\_\_\_\_ Please email to \_\_\_\_\_

*I hereby certify that the statements contained herein are true to the best of my knowledge and belief.*

Applicant signature \_\_\_\_\_ COST OF JOB\* \_\_\_\_\_

**\* Attach copy of invoice/contract/work order**

OFFICE USE ONLY			
Application Date _____	Fee Paid _____	Check # _____	Rec'd by: _____
Permit # <u>M</u> _____	Date issued: _____	Rec'd from: _____	
Approved By: _____	Date: _____		