Application Date:_____

Permit Number:_____
Permit Fee:_____
Permit Tax:_____
Total Fees:_____

Mechanical Permit

Lower Southampton Township
1500 Desire Ave. Feasterville, Pa 19053
Phone: 215-357-7300

Address of Proposed Work or Improvement:
Owner's Name:
Owner's Address:
Owner's Phone Number: Owner's Email:

Contractor's Name: License Number:
Contractor's Address:
Contractor's Phone Number: Contractor's Email:

Mechanical Characteristics

Use Group R3 / R4 Estimate cost of Mechanical work: $ _____

Heating System: ( ) Conversion ( ) Replacement ( ) Gas ( ) Oil

( ) Electric ( ) Solar ( ) Other _____

Type: ( ) Hydronic ( ) Hot Air

Description of Work:

Fixture / Equipment:
Water Heater ___ Fuel Oil Piping ___ Gas Piping ___ Steam Boiler ___ Hot Water Boiler ___
Hot Air Furnace ___ Oil Tank ___ LPG Tank ___ Fire Place ___ Other _____

SIGNATURE: _____
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

OFFICE USE ONLY

Job Summary
PLAN REVIEW:
( ) No Plans Required
Joint Plan Review Required
( ) Building ( ) Plumbing
( ) Electric ( ) Mechanic
( ) Fire
PLANS APPROVED
Date: _____
Approved By: _____
SUBCODE APPROVAL
( ) CA ( ) CCO
Date: _____
Approved By: _____

INSPECTIONS	DATES			
Type:	Failure	Failure	Approval	Initial
Gas Piping	_____	_____	_____	_____
Appliance	_____	_____	_____	_____
Chimney/Vent	_____	_____	_____	_____
Oil Piping	_____	_____	_____	_____
Oil Tank	_____	_____	_____	_____
LPG Tank	_____	_____	_____	_____
Hydronic Piping	_____	_____	_____	_____
Fireplace	_____	_____	_____	_____
Chimney Cert.	_____	_____	_____	_____
Other_____	_____	_____	_____	_____