

**Borough of Emmaus
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.

Notify Codemaster for all mechanical inspections – 484-223-0763

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 # _____
 Fax # _____
 Description of work to be performed: _____

 _____ Estimated Cost _____

Mechanical Permit is Hereby Issued: _____ *Mechanical Inspector*

HVAC Systems - Commercial _____ Plan submitted: Yes _____ No _____
 Residential * _____ (*no plan required)
 Installation: New _____ Replacement _____ Conversion _____
A/C: Size of unit (BTUs) _____ # of units _____ Manufacturer _____
 Self-contained _____ Separate units _____ Gas _____ Oil _____ Electric _____
 Evaporator condenser _____ Water tower _____ Fluid cooler _____
HEATING: Size of unit (BTUs) _____ # of units _____ Manufacturer _____
 Furnace _____ Boiler _____ Heat Pump _____ Gas _____ Oil _____
 Hot water _____ Steam _____ Forced air _____
DUCTWORK: Type of construction: Metallic ducts _____ Non-metallic ducts _____ Flexible ducts _____
For Commercial ONLY - Smoke detectors for supply air: Yes or No return air: Yes or No
 Fire Dampers: Yes or No
MISC.: Dryer vent size _____ in. Bathroom vent size _____ in. Kitchen exhaust: duct or ductless
 Open air returns not permitted. Returns must be ducted

For Commercial ONLY

KITCHEN EXHAUST EQUIPMENT*: Required plan submitted: 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 _____