PROCEDURE FOR OBTAINING A MECHANICAL PERMIT

- 1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance due at pick-up.)
- 2. For residential applications, the Building Inspector has a **3 week** period to review and approve or deny your permit application. For non-residential (commercial), **6 weeks** is allotted. Make sure there are daytime and evening telephone numbers for the Building Inspector to reach you should there be any questions about your application.
- 3. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and informed of the balance due. At pick up you will be asked to sign all copies of the permit, pay the balance of the permit fee and you will be given a check list with the inspection requirements for your project.
- 4. Permits are valid for one (1) year from date of issuance. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. An additional fee will apply.
- 5. If you have any questions concerning your application, please contact Kraft Code Services at 610.775.7185. If no one is available when you call, please state the municipality your call pertains to and leave a detailed message.
- 6. **PLEASE NOTE:** No construction may begin without paying for and receiving your approved permit. Performing work without a permit will result in the doubling of all permit fees.

Th	following requirements must be met for approval of your mechanical permit application:	
	pplication fee. (Applications received without the required \$50 application fee will be considered incomplet and will not be processed.)	e
	ully completed Mechanical Permit application	
	Copy of the manufacturer's installation instructions for the proposed equipment to be installed.	
	wo (2) sets of construction drawings including the following:	
	 Floor plan showing dimensions of the room and the location of all the equipment (new and existing) in the room with equipment clearances 	
	 Equipment schedules listing equipment number, CFM, Outdoor Air CFM, Cooling & Heating electrical characteristics 	
	lectrical permit application (if necessary – required if equipment is new or equipment type is changed)	
	☐ Proof of contractor workers' compensation insurance or notarized exemption form.	

WARWICK TOWNSHIP MECHANICAL PERMIT APPLICATION

PROPERTY INFORMAT	ION					
Owner:						
Street Address:				10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
City/State/ Zip:						
Cell #:	Fax	#:	E	mail:		
Tax Parcel #		Zoni	ng Dist	rict:		
CONTRACTOR INFORM	AATION	1997 - Principal Colonia (1997) (1997) - 1997 - 1997 - Principal Colonia (1997) - 1997				
Contractor:			P	hone #:		
Street Address:						
City/State/ Zip:						
Contact Person:						
				mail:		
IMPROVEMENT INFOR						
Type of Work: ☐ New Service feeder/distribution Brief description of work	on panel:	□ New □ Exist	ing	[청화명 역 왕L]		
EQUIPMENT IDENTIFI	CATION				nicht (d. 144 die nur der ausser vor anner vor anner vor	
Туре	# Туре	e	#	Туре	#	
Split System Gas/Electric	Split	t System Electric/Electric		Heat Pump Split System		1
Packaged terminal A/C	Boile	er Hot Water		Steam Boiler (PSI)		
be in conformance with the Perbe performed as well as in accibegin work, but only an applic work starts without a permit. Information will be invalid and	ennsylvania Unifo ordance with the ation for a permi I understand tha I the municipality	orm Construction Code and/ e approved plan after a plan it and that work is not to sta at if I give false information r y could initiate legal proceed	or any ap review h rt withou egarding lings aga	ication is complete and accurate, the policable ordinances of the municipies been completed. I understand that the fees for the this permit and that the fees for the this permit application that any permit application that any beinst me, which could result in my be priate under the circumstances.	pality in whi that this is o e permit ma ermits issue	ich the work is to not a permit to ay be doubled if ed based on this
Property Owner Signature		Print Name of	Proper	y Owner	(Date
Contractor Signature		Print Name of	Contrac	ctor	ſ	Date

PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. Are you the homeowner/property owner performing the work (as requested in this application) yourself?

1.	Are you the nomeowner/property owner performing the work (as requested in this application) yourself?
	□ No -go to question #2
	☐ Yes – read this exemption statement, sign to indicate your understanding and submit this form with your application
	"Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be
	employed on this project."
	Signature: Date:
2.	Are you the homeowner/property owner who has hired a contractor to perform the work (as requested in this application)?
	□ No – go to question #3
	☐ Yes — please have your contractor complete Sections A & B
3.	Are you the contractor hired by the homeowner/property owner to perform the work as requested in this application)?
	☐ Yes – complete Section A & B
	□ No – please explain:
Α.	Name of Company
	Contact person Phone #
	Address of company
	Federal or State Employee Identification #
	Please select one of the following options:
	☐ Applicant is a qualified self-insurer for workers' compensation
	✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a
	certificate holder
	☐ Applicant carries workers' compensation coverage with an insurance company
	✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a
	certificate holder
	☐ Applicant is exempt from providing workers' compensation insurance because:
	☐ The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any
	individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the
	municipality.)
	☐ All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section
	304.2 of the Workers' Compensation Act.
	Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B
	in front of a notary public.
	Will you be using any subcontractor(s) on this project? No Yes (if yes, all subcontractors must present proof of
	insurance as required under the Pennsylvania Workers' Compensation Act.)
	My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation
	grance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an
exe	mption under the Workers' Compensation Act that I must sign this form in front of a notary public.
Sig	nature Date
	iress
NO	TARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE
	nty Municipality of
Му	commission expires: Subscribed and sworn to before me this-
	day of20
SE/	L