

Parcel #: _____

Wallace Township

1250 Creek Road, P.O. Box 670

Glenmoore, PA 19343

Phone: (610) 942-2880

Fax: (610) 942-4917

Email: wallace@wallacetwp.org

Mechanical Permit Application

Property Owner: _____ Phone #: _____

Property Address: _____

Contractor/Applicant: _____

Address: _____

Phone #: _____ Contractor Reg #: _____

Email - Owner _____ Applicant _____

Estimated Construction Period: Start _____ Finish _____

Estimated Cost of Project: _____

Description of Project: _____

Use Type: Residential Commercial Institutional Other _____

Fuel Source: Electric Oil Natural Gas LPG Gas Other _____

Name of Unit: _____

Manufacturer: _____

Capacity of Unit (BTUs): _____

Applicant certifies that all information provided is true and correct and that all applicable Building Codes and Township Ordinances will be followed when performing work listed above.

Owner's Signature/Authorized Agent's Signature

Date

Reviewed and Accepted/Denied

Code Enforcement Official/Building Code Official

Date