CITY OF BETHLEHEM - BUREAU OF CODE ENFORCEMENT Permit No._____

MECHANICAL PERMIT APPLICATION

Application Date _____ Approximate Start Date _____ Mechanical Permit Fee _____

Location_____

Type of structure: New _____ Existing_____

Contractor _____ Owner _____

Street _____City _____ Street _____City _____

Phone # _____ Phone # _____

Fax# #_____

Description of work to be performed :_____

_____

_____ Estimated Cost _____

APPLICANT'S STATEMENT: The owner hereby agrees to comply with all Ordinances of the City of Bethlehem, PA., and with all Rules and Regulations of all the Departments thereof which are applicable hereto and to do no work not specifically covered by this application. The information set forth herein is true and correct. All systems will comply with the International Mechanical Code.

Applicant's Signature _____ Date _____

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 condensor _____ 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

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 _____ UL 710: 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

continued on reverse

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 _____ Aboveground _____ Underground _____

Fireplaces, Solid Fuel-Burning and Gas/Oil Accessory Appliances

Type of appliance _____ Manufacturer _____ Test label _____

Construction type: Masonry _____ Factory built _____ 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 ____

For Inspector's Use Only

Rough Inspection: Approved _____ Not Approved ____ Date: ___/___/___

Comments:_____

Approved _____ Not Approved ____ Date: ___/___/___

Comments:_____

Approved _____ Not Approved ____ Date: ___/___/___

Comments:_____

Approved _____ Not Approved ____ Date: ___/___/___

Comments:_____

Approved _____ Not Approved ____ Date: ___/___/___

Comments:_____

Approved _____ Not Approved ____ Date: ___/___/___

Comments:_____

Approved _____ Not Approved ____ Date: ___/___/___

Comments:_____

Final Inspection: Approved _____ Not Approved ____ Date: ___/___/___

Comments:_____

Balloon test	Approved ___	Not Approved ___	Date:___/___/___
Tank presssure test (3-5 psi with 15 psig)	Approved ___	Not Approved ___	Date:___/___/___
Line pressure test (50 psi)	Approved ___	Not Approved ___	Date:___/___/___