



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 _____ Residential* _____ Plan submitted: Yes ___ No ___ (*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

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