

MECHANICAL PERMIT APPLICATION

Type of Building	Zoning District	Parcel Number
I hereby certify that I have examined this application and its attachments finding them to be in accordance with the provisions set forth in the PA Uniform Construction Code, 2018 International Building Code, 2018 Mechanical Code, and Ordinances of West Brandywine Township.		
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO		
on _____, 20 _____		Building Inspector _____
Permit Fee (base) \$ _____	Building Code Official _____	
+ PA UCC Fee \$ _____		
Total Permit Fee \$ _____	Permit Number _____	

Top Section for Office Use Only – Fill application below

PROPERTY INFORMATION

Street Number	Street Name	
City	Zip Code	
Parcel Number	Lot Size	

OWNER INFORMATION

First Name	Last Name	
Mailing Address (if different from above)		
Email Address	Daytime Phone	

All Contractors engaging in home improvement services within West Brandywine Township shall comply with Contractor Insurance Verification Requirements: Ord. 2021-03, Adopted 8/5/2021.

AUTHORIZED AGENT/CONTRACTOR

First Name	Last Name	
Business Name	WBT Contractor License #	
Mailing Address		
Email Address	Daytime Phone	

TYPE OF OCCUPANCY

- Single Family Dwelling
- Multi-Family Dwelling
- Other- please specify _____
- Commercial
- Institutional
- Industrial

SYSTEM TYPE

- New
- Alteration to existing
- Other (specify) _____
- Heating or Cooling
- Gas Fireplace
- Solar (select installation type)
 - Ground Install
- Chimney Vent or Connector
- Generator (type/kw) _____
- Roof Mount

Building size (sq ft): _____ Input rating of water heating system: _____

Input rating of heating system: _____ A/C unit tonnage of cooling: _____

HEATING/COOLING COMPONENTS

Make	Model No.	Combustion Air Size	Fuel	Flue Diameter	Input (BTU)	CFM	Tons	Number of Units

Chimney Liner Flue Diameter _____ System Type _____ Ventilation Exhaust

VENTILATION COMPONENTS – check all that apply

- Bathroom/Water Closet Compartment
- Domestic Kitchen Hood
- Dryer/Laundry Room
- Other _____
- Commercial/Industrial
- Commercial Kitchen Hood
- Public Corridors
- Other _____

PROJECT DESCRIPTION

TOTAL COST OF WORK (include materials and labor) \$ _____

PLAN REVIEW

Submittal of plot plan designating equipment location on the premises and manufacturer’s installation instructions are required for all permit applications.

Engineered plans and specifications must be submitted for one and two family dwellings when the input rating of the building heating/cooling system exceeds 375,000 BTUs.

Engineered plans are required for all solar applications.

Engineered Plans are *NOT* required for the following:

- One and two family dwelling when the total building heating/cooling system input rating is 375,000 BTUs or less
- Alterations and repair work determined by the mechanical official to be of a minor nature
- Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet

INSPECTIONS

The issuance of this permit requires the applicant to comply with all provisions set forth in the PA Uniform Construction Code, 2018 International Code Council Building Code, 2018 International Mechanical Code, and Ordinances of West Brandywine Township. The inspections marked below are the stages of construction when West Brandywine Township Codes Department must be notified by the applicant. Inspections shall be scheduled forty-eight (48) hours in advance. Failure to notify the Township before proceeding to the next step will result in a stop order. Twenty-four (24) hour notice is required to cancel a scheduled inspection; Failure to do so will result in a failed inspection.

**Fee for all failed inspections as outlined in the current fee schedule.*

This section to be completed by WBT Codes Department

REQUIRED INSPECTIONS

Permit # _____

- PRELIMINARY INSPECTION**
Inspection shall be made at the location prior to commencement of work
- ROUGH INSPECTION**
Inspection shall be made prior to concealing any mechanical components and/or duct work
- THIRD PARTY ELECTRICAL INSPECTION**
Applicant is responsible to contract with a third-party agency licensed in Pennsylvania for electrical inspections. Rough and Final electrical inspections must be completed by the same electrical inspector.
- FINAL INSPECTION**
Inspection shall be made at the conclusion of work

West Brandywine Township Codes

Date

APPLICANT’S CERTIFICATION

I hereby apply for a mechanical permit and certify that the information above is complete and accurate. The work will be in conformance with the 2018 International Mechanical Code, 2018 International Building Code, and Ordinances of West Brandywine Township. I hereby certify that I have examined this completed application and the statements therein are true and correct, and that all work shall be done in accordance with all applicable Township, County, and State Laws. Falsified information will result in revocation of the Permit.

Signature of Owner/Applicant

Date

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE
198 Lafayette Road
West Brandywine, PA 19320
Phone: 610-380-8200 Fax: 610-384-4934
CONTRACTOR'S INSURANCE VERIFICATION

FEE PER CURRENT FEE SCHEDULE

DATE: _____

Contractor's engaging in any and all types of home improvements shall register with West Brandywine Township Codes Office prior to commencing home improvements within the Township. A check shall accompany completed application, made payable to West Brandywine Township.

Please complete the application in its entirety. Sign and date application, include current Certificate of Insurance naming West Brandywine Township as the Certificate Holder, specifying minimum general liability and workers compensation limits as outlined below. If you are filing a self-employment or religious exemption, and are not required to carry Workers Compensation Insurance, **please complete and have notarized the attached Affidavit for submittal along with the Application. If the Affidavit is not completed, processing of the application will be delayed. Also include a copy of your State Registration Certificate.**

The following minimum insurances are required to obtain a valid Registration Certificate:

- a. General Liability - 1) Per Occurrence - \$500,000; 2) Per Personal Injury - \$500,000; 3) Property Damage - \$1,000,000
- b. Workers Compensation and Employer's Liability - 1) Each Accident - \$100,000

VALID FOR ONE YEAR FROM DATE OF ISSUANCE

CONTRACTOR INFORMATION:

Contractor's Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Names of principal partner or officer: _____

Type of Contractor: _____

Number of Employees: _____ If you have no employees and you do not have worker's compensation insurance, please complete attached Affidavit, sign, notarize, and include with this application.

Municipalities presently certified in: _____

Certificate of Insurance attached: Yes No

CERTIFICATION: THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Print Name

Signature

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

Worker's Compensation Insurance Coverage to comply with Act 44 of 1993

AFFIDAVIT

To be completed if Applicant is a contractor claiming exemption from providing Worker's Compensation Insurance, i.e. if you have no employees or claiming exemption on religious grounds, the Affidavit must be completed, signed and notarized. Contractor's Insurance Verification process will be delayed if Affidavit is not completed.

Name of Applicant: _____

Federal or State Employer or Tax Identification No: _____

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons as indicated:

Contractor and sole proprietor without employees-Contractor prohibited by Law from employing any individual to perform work pursuant to this Building Permit unless Contractor provides proof of insurance to the Township.

Contractor exempt on religious grounds qualified under Section 304.2 of the WC Act.

Signature of Applicant

Date

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Subscribed and sworn to before me this _____ **day of** _____

Signature of Notary Public

My Commission Expires: