



BOROUGH OF ST LAWRENCE

3540 ST LAWRENCE AVE

READING PA 19606-2345

Phone: 610-779-1430

Fax: 610-779-9148

UCC MECHANICAL PERMIT APPLICATION

DATE _____ APPLICATION #: _____

PROPERTY OWNER'S NAME _____

ADDRESS _____ PHONE#: _____

CONTRACTOR'S NAME _____ PHONE #: _____

DESCRIPTION OF WORK TO BE PERFORMED: \$ _____

ESTIMATED COST OF HVAC WORK TO BE PERFORMED: _____

DOES THE WORK INVOLVE ANY OF THE FOLLOWING? CHECK ALL THAT APPLY

GAS	<input type="checkbox"/>
OIL	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

FURNACE	<input type="checkbox"/>
AC CONDENSING UNIT	<input type="checkbox"/>
STEAM BOILER	<input type="checkbox"/>
HOT WATER BOILER	<input type="checkbox"/>
DOMESTIC WATER HEATER REPLACEMENT	<input type="checkbox"/>
GAS PIPING	<input type="checkbox"/>

APPLICANT SIGNATURE: _____

HVAC CONTRACTORS MUST FURNISH A CERTIFICATE OF INSURANCE PRIOR TO ANY WORK BEING DONE WITHIN THE MUNICIPALITY

BOROUGH USE ONLY

FEE: _____ INSPECTION _____

_____ OTHER _____

_____ TOTAL FEE _____

APPROVED

DISAPPROVED

BY: _____

BRIAN SANDS, UCC PLUMBING/MECHANICAL INSPECTOR

BOROUGH OF ST LAWRENCE UCC BUILDING PERMIT APPLICATION

CERTIFICATION STATEMENT

I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name

Signature

Date

Sworn and subscribed to before me, this _____ day of _____, 20__

Notary Public

My Commission expires _____

(Notary Public Seal and Stamp)