

Hanover Township

Lehigh County, PA

SUPPLEMENT TO MECHANICAL / HVAC PERMITS

THIS SUPPLEMENT MUST ACCOMPANY ALL MECHANICAL / HVAC PERMIT APPLICATIONS!!!!

LOCATION OF WORK _____

CONTRACTOR _____

USE OF BUILDING _____

ESTIMATED COST OF MECHANICAL WORK _____

NEW ALTERATION REPAIR ADDITION (Circle One)

OIL _____ GAS _____ LPG _____ ELECT. _____ OTHER _____

HEATING _____ AIR CONDITIONING _____ VENTILATION _____

MAKE, MODEL, TYPE, AND CAPACITY OF UNIT(S) AND OTHER MAJOR PIECES OF EQUIPMENT:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

(USE ADDITIONAL SHEET IF NECESSARY)

WILL GAS OR OTHER FUEL PIPING BE INSTALLED? _____

BOILERS OR PRESSURE VESSELS? _____

WATER HEATER?(MAKE, MODEL, AND CAPACITY) _____

HANOVER TOWNSHIP L.C. - ELECTRICAL PERMIT

DATE _____

MASTER ELECTRICIAN
 LICENSE NUMBER M- TRACKING NUMBER _____

LOCATION _____

OWNER _____

KIND OF BUILDING _____ NAME OF TENANT _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST \$ _____

NEW - ALTERATION - REPAIR - ADDITION (Circle One)

ITEM	NUMBER	
CEILING OUTLETS		<u>PERMIT</u>
SWITCHES		
PLUG RECEPTACLES		
AIR HEATERS		<u>UCC</u>
RANGES		
SIGNS		
WATER HEATER		
LIGHTING CIRC.		<u>INSP.</u>
OTHER CIRC.		
MOTORS		
PANEL SIZE		
RANGE COND.		
SUB FEEDER SIZE		

ELECTRICIAN'S NAME AND ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

 Signature of Electrician Making Application

 Signature of Official

COPIES TO: **WHITE-APPLICANT CANARY-FILE PINK-INSPECTOR GOLD-TREASURER**

Hanover Township, Lehigh County

PLUMBING PERMIT

DATE _____

LICENSE NUMBER _____ PERMIT NUMBER _____

LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST \$ _____

OLD - NEW BUILDING NUMBER _____

TYPE	NUMBER	FEE	TREASURER'S VALIDATION OF FEE PAID
STACKS _____			
SINKS _____			
BATHS _____			
WATER CLOSET _____			
LAVATORY _____			
TANK AND HEATER _____			
LAUNDRY TRAY _____			
WATER DISTRIBUTION SYSTEMS _____			
FLOOR DRAINS _____			
SEWAGE EJECTOR _____			
FOUNTAIN (DRINKING) _____			
SUMP _____			
SHOWERS _____			
URINAL _____			
CATCH BASIN _____			
DISHWASHING MACHINE _____			
HUMIDIFIER _____			
GARBAGE GRINDER _____			
WASHING MACHINE _____			
SPECIAL WASTES _____			
RAINWATER LEADERS _____			
MISCELLANEOUS FIXTURES _____			
TOTAL FEE			

CONTRACTOR'S NAME AND ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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READY FOR INSPECTION ON _____ OR WILL CONTACT PERMIT CLERK LATER _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT CITY ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his Representative Making Application

Signature of Permit Clerk

COPIES TO: **WHITE-APPLICANT** **CANARY-FILE** **PINK-INSPECTOR** **GOLD-TREASURER**