



# BROOKHAVEN BOROUGH

2 CAMBRIDGE RD, BROOKHAVEN PA, 19015

610-874-2557 X133 FAX 610-874-2612

## MECHANICAL PERMIT APPLICATION

DATE \_\_\_\_\_

### CONTRACTOR INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ PA LICENSE# \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

(A COPY OF LIABILITY & WORKMAN'S COMPENSATION INSURANCE MUST BE ON FILE WITH THE BOROUGH BEFORE ANY PERMITS OR LICENSES WILL BE ISSUED)

### BROOKHAVEN PROPERTY LOCATION INFORMATION

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

JOB LOCATION \_\_\_\_\_

TYPE OF BUILDING     RESIDENTIAL     COMMERCIAL     INDUSTRIAL  
 APARTMENT     OTHER

RESIDENTIAL APPLICATION FEE \$50.00 + \$4.50 UCC = \$54.50

COMMERCIAL APPLICATION FEE \$250.00 + \$4.50 UCC = \$254.50

FAIR MARKET VALUE OF JOB (SUPPLIES & LABOR) \$ \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_ START DATE \_\_\_\_\_ COMPLETION DATE \_\_\_\_\_

GIVE DEFINITE PARTICULARS AS TO PROPOSED WORK & MATERIALS

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT THE STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNER'S SIGNATURE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_