

WHITPAIN TOWNSHIP

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Office Hour: Mon-Fri 1-2 p.m. & By Appointment
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CODE ENFORCEMENT OFFICE MECHANICAL PERMIT APPLICATION

APPLICANT

Name: _____
Address: _____
Cty/St/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

PROPERTY OWNER

Name: _____
Address: _____
Cty/St/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

Job Address: _____

Tenant: _____
Bldg: _____ Suite: _____

CHECK ALL THAT APPLY:

TYPE OF WORK:

Number of Systems: _____
New System: _____
Modifications to Existing System: _____
Duct Smoke Detection Included: _____
Replace Existing System: _____

TYPE OF FUEL:

Electric: _____
Fuel Oil: _____
Natural Gas: _____
Propane: _____

BUILDING USE:

Single Family Dwelling: _____
Commercial/Office Bldg: _____

Signature of Applicant

Signature of Property Owner
or Agent for Owner

Printed Name of Applicant

Printed Name of Owner or Agent

**BOTH OWNER AND CONTRACTOR/APPLICANT MUST SIGN THIS APPLICATION
INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED
DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED**

FOR OFFICE USE ONLY

Date Issued: _____
Fee Paid: _____

Permit #: _____
Approved By: _____