

THORNBURY TOWNSHIP, CHESTER COUNTY  
 800 East Street Road, West Chester PA 19382  
 ☎: 610.399.1425 | 📠: 610.399.6714  
 ✉: administration@thornburytwp.com

## MECHANICAL PERMIT APPLICATION

PROPERTY OWNER AND BUILDING INFORMATION					
Owner or Business Name					Phone
Street Address				Apt	Zip
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	
			<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____	

**COST OF CONSTRUCTION \$** \_\_\_\_\_

TYPE OF IMPROVEMENT	OWNERSHIP
1 <input type="checkbox"/> New Building	5 <input type="checkbox"/> Private (Individual, Corporation, Non-profit Institution, etc.)
2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 10)	6 <input type="checkbox"/> Public (Federal, State, or Local Government)
3 <input type="checkbox"/> Alteration (See 2 above)	
4 <input type="checkbox"/> Repair, Replacement	

**PROPOSED USE - For "Wrecking" most recent use**

Residential	Non-Residential	
7 <input type="checkbox"/> One or Two Family	11 <input type="checkbox"/> Amusement, Recreational	18 <input type="checkbox"/> Public Utility
8 <input type="checkbox"/> Two or More Family <i>Enter Number of Units _____</i>	12 <input type="checkbox"/> Church, Other Religious	19 <input type="checkbox"/> School, Library, Educational
9 <input type="checkbox"/> Garage	13 <input type="checkbox"/> Industrial	20 <input type="checkbox"/> Stores, Mercantile
10 <input type="checkbox"/> Other - Specify _____ _____	14 <input type="checkbox"/> Parking Garage	21 <input type="checkbox"/> Tanks, Towers
	15 <input type="checkbox"/> Service Station, Repair Garage	22 <input type="checkbox"/> Other - Specify _____
	16 <input type="checkbox"/> Hospital, Institutional	
	17 <input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Existing Building

**DESCRIPTION OF WORK**

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PERMIT NO. \_\_\_\_\_

\*\*\*CALL 811 OR VISIT [www.call811.com](http://www.call811.com) BEFORE YOU DIG\*\*\*

**SERVICES** - enter the number of New or Replacement Units

	Forced Air Furnace		Incinerator		Hazardous Exhaust System
	Unit heater		Boiler		Electric Furnace
	Gas/Oil Conversion		Coil Unit		Duct Work
	Space Heater		Split System A/C		Furnace
	Gravity Furnace		A/C Compressor		Roof Unit <input type="checkbox"/> Yes <input type="checkbox"/> No
	Solid Fuel Appliance		Air Handling Unit		
	Gas-Fired Fireplace		Heat Pump		
	Wood Fireplace		Kitchen Exhaust Hood		
	Chimney Liner				

**IDENTIFICATION - To be completed by all applicants**

<b>Property Owner or Lessee</b>	Name	Mailing Address	
	Phone No.		

<b>Contractor</b>	Name	Mailing Address	PA License No.
	Phone No.		

<b>Architect or Engineer</b>	Name	Mailing Address	
	Phone No.		

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Application Date
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**VALIDATION**

PERMIT ISSUED \_\_\_\_\_ 20\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

PLAN REVIEW FEE \$ \_\_\_\_\_

CHECK NO. \_\_\_\_\_

CASH \$ \_\_\_\_\_

DATE \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Use Group \_\_\_\_\_

Fire Grading \_\_\_\_\_

Live Loading \_\_\_\_\_

Occupancy Load \_\_\_\_\_

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_