

Pre-Application Checklist: Copy of Contract Insurance Certificates

## Upper Providence Mechanical Permit Application

935 N Providence Media, PA 19063

610-565-4944

Site Address \_\_\_\_\_ City \_\_\_\_\_

Type \_\_\_\_\_ Property Owner \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ HIC# \_\_\_\_\_

Please indicate the type and quantity of equipment being installed and whether it is new or a replacement.

Type	QTY	N/R	Type	QTY	N/R	Type	QTY	N/R
Gas Furnace			Kitchen Hood			Air Handler		
Oil Furnace			Exhaust Fan			Mini Split		
Gas Boiler			ERV/HRV			Oil Tank		
Oil Boiler			RTU			Unit Heater		
Heat Pump			Chiller			Fireplace/Stove		
A/C			Refr. Compressor			Pool Heater		

Description of work:

Please check the boxes to confirm the following:

CO Alarms must be provided outside of sleeping areas \_\_\_\_\_

Existing chimneys are in good condition and adequately sized, or a liner will be provided \_\_\_\_\_

Kitchen exhaust hoods more than 400 cfm may require a fresh air intake \_\_\_\_\_

Duct leakage tests are required for any new system with components outside the thermal envelope \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Cost of Job \_\_\_\_\_

Municipal Comments:

Permit Fee \_\_\_\_\_ +\$4.50 Total Fee \_\_\_\_\_ Permit # \_\_\_\_\_

3<sup>rd</sup> Party Signature \_\_\_\_\_ Date \_\_\_\_\_

All inspection requests or code questions should be directed to Linn Architects at  
[permits@rlinn.com](mailto:permits@rlinn.com) or 610-566-7044 option 2.

Check# \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_