

APPLICATION FOR MECHANICAL PERMIT

Fill in all information completely

Location: _____

Property Owner – Name & Address

Applicant – Name & Address

Phone Number - _____

Phone Number - _____

PA HIC# _____ Estimated Cost _____,_____.____

Type of Proposed Work

Alteration Repair New Construction Removal
 Other _____

Description of work:

ATTACH MANUFACTURER'S INFORMATION ON NEW HVAC UNIT

Applicant's Signature

Date

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.

I understand that this permit will be issued only for that work listed.

I understand that additional information or permits may be required.

I understand that I shall give Thornbury Township 24 hours notice prior to commencing work.

DO NOT WRITE BELOW THIS LINE

Permit No. _____

Authorization YES NO N/A

Proposed Cost \$ _____

Permit Fee \$ _____

Workers' Compensation Insurance YES NO N/A

Expiration date of Workers' Comp. Insurance ____-____-____

Liability Insurance YES NO N/A

Expiration date of liability insurance ____-____-____

NOTES: _____

APPROVED BY: _____

DATE: _____

**THORNBURY TOWNSHIP
6 Township Drive
Cheyney, PA 19319**

AUTHORIZATION

**(When APPLICANT is not the owner of record, the following must be completed
by the owner, and submitted with the permit application.)**

I (We) _____
(name)

- (address, phone number)

owners of the property located at: _____
(site address)

do hereby authorize:

(contractor's name)

- (address, phone number)

for the following work:

(owner's signature)

(print name)

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

TO BE COMPLETED BY ALL APPLICANTS

NOTE: Under State Law, the Township is responsible to stop all work on any site when non-exempt parties are working without Workers' Compensation Insurance and/or non-exempt parties have not completed and submitted to the Township the proper exemption form.

SITE ADDRESS: _____

A. The APPLICANT is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:

_____ YES _____ NO
(If YES, skip Section D. If NO, skip Section C)

B. Name of APPLICANT: _____

Federal or State Employer ID No.: _____

C. Insurance Information - to be completed by contractors only:

Applicant is a qualified self-insurer for workers' compensation:

_____ CERTIFICATE ATTACHED

Name of workers' compensation insurer: _____

Worker's compensation insurance policy no.: _____

Policy expiration date: _____

_____ CERTIFICATE ATTACHED

OVER.....

(ALL APPLICANTS MUST SIGN AND FILL IN NAME, ADDRESS AND PHONE NUMBER ON REVERSE SIDE OF THIS FORM)

D. Exemption - If APPLICANT is a contractor claiming exemption from providing Workers' Compensation Insurance or the owner of the property, Section D shall be completed.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law, for one of the following reasons:

___ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance.

___ Contractor is a member of a Corporation and has claimed exemption from such Corporation through PA Dept. of Labor & Industry (copy of exemption notification shall be attached).

___ APPLICANT is a registered partnership through the State of Pennsylvania.
(Proof of partnership should be attached.)

___ APPLICANT is the property owner, and understands that if he/she hires other parties or subcontractors, such parties or subcontractors shall submit acceptable insurance information or proof of exemption thereof to the applicant before commencing any work on the property.

___ Religious exemption under the Workers' Compensation Law.

Signature: _____

Name: _____

Address: _____

Phone No.: _____

THORNBURY TOWNSHIP
DELAWARE COUNTY
6 TOWNSHIP DRIVE
CHEYNEY, PA 19319-1020

(610) 399-0844