

****NO WORK IS TO BE STARTED UNTIL APPLICANT
RECEIVES AN APPROVED PERMIT AND IT IS POSTED AT
THE JOB SITE****

**APPLICATION FOR A MECHANICAL PERMIT
CITY OF SCRANTON**

1. Is the Property Condemned? Yes No

- If yes, is the city treasurer holding a performance bond or cashier's check until the improvements are completed and approved? Yes No

2. Property Map Id Number(*Required*) _____

3. Name of Property Owner: _____

4. Authorized Agent of Property (If applicable) _____

5. Address of Property Owner: _____

6. Telephone Number of Owner: _____

7. Location of Job Site: _____

8. Is the Property Located in a Flood Zone? Yes No

9. Is the property Currently Fire Damaged? Yes No

- If yes, is the city treasurer holding insurance proceeds until the improvements are completed and approved? Yes No

10. Is Existing use of Property a Single Family Dwelling? Yes No

- If no, what is the current use of the structure? _____
- If multi dwelling, how many units? _____

11. Has this property been vacant for the past six (6) months? Yes No

12. Is the Property/Space a New or Existing Business? Yes No

Explain: _____

13. Were Construction Prints Submitted by a Licensed Architect/Engineer? Yes- No- N/A

If yes, are plans approved? Yes No _____

NOTE: THE ANSWERS AND INFORMATION PROVIDED IN PARAGRAPH 8 ABOVE DO NOT WAIVE THE REQUIREMENTS AND CONDITIONS REQUIRED BY THE CITY OF SCRANTON ZONING ORDINANCE FILE OF COUNCIL 74 OF 1993.

FURTHER, ANY RELIEF GRANTED BY THE APPROVAL OF THIS BUILDING PERMIT, DOES NOT WAIVE OR IMPLICITLY APPROVE ANY RELIEF REQUIREMENTS REQUIRED BY OTHER CITY ORDINANCES, INCLUDING BUT NOT LIMITED TO THE CITY OF SCRANTON ZONING ORDINANCE.

FURTHER, IF ANY OF THE ANSWERS TO QUESTIONS HEREIN OR INFORMATION PROVIDED ARE FALSE OR A MISREPRESENTATION, SHALL VOID THIS PERMIT AND THE SAME WILL BE REVOKED.

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14. Total cost of the proposed mechanical operation of labor and materials for construction:

\$ _____

PERMITS WILL BE ISSUED TO LICENSED CONTRACTORS OR HOME OWNER OCCUPANTS ONLY, HOME OWNER MUST LIVE AT THE PROPERTY IN ORDER TO PERFORM APPROVED WORK.

ALL LICENSED CONTRACTORS APPLYING FOR A PERMIT MUST SUBMIT A COMPLETE EXECUTED COPY OF THEIR CONTRACT AND INSURANCE FOR THE PROPOSED WORK BEFORE THE PERMIT IS ISSUED.

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICAL (HVAC)

15. Identification- To be completed by all applicants.

City of Scranton Contractor's License Number _____

Contractor's PA Registration Number _____

Contractor's Name _____

Contractors Address _____

Contractor's Phone Number _____

****If Applicable:*

Architect's Name & Address: _____

Architect's Telephone Number: _____

16. Description of mechanical work being performed:

17. Is there a dumpster for this job on the street? **Yes No (# of Days _____)**

(If yes, an additional dumpster permit is required. The cost is \$10.00 a day).

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ADANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

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I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I also realize that I will be subject to criminal penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

Signature of Contractor or Authorized Agent

Date

****NOTE: ALL WORK SHALL COMPLY WITH THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE, ACT 45 OF 1999****

OFFICIAL USE ONLY

APPROVED: YES

NO

DATE

SIGNATURE OF ZONING OFFICER

APPROVED: YES

NO

DATE

SIGNATURE OF MECHANICAL INSPECTOR

APPROVED: YES

NO

DATE

SIGNATURE OF BUILDING CODE OFFICIAL