

CRITERIUM[®] PETERS ENGINEERS

If you have questions while filling out this permit application, please contact our office: 570-752-8044 or toll-free: (877) 752-4123.

MECHANICAL PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____	
Address _____	
City _____	State _____ Zip _____
Phone _____	Email: _____

Tenant _____	
Address _____	
City _____	State _____ Zip _____
Phone _____	

Zoning Permit Issued Yes No

Zoning Permit Issue Date _____

Please Include a Copy of Zoning Permit

Inspection Requests Require 48-Hour Notice-No Exceptions. Please Call 570-752-4433 to Schedule

Describe proposed work in detail: _____

State Classification: New Commercial Other Commercial New Residential Other Residential

Contractor _____	
<i>(if owner, put same name above)</i>	
Address _____	
City _____	State _____ Zip _____
Phone _____	Cell _____
Fed. Employee No. _____	
<i>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</i>	
Estimate of total cost for all work _____	

Technical Site Data No.	Fixture/ Equipment	Technical Site Data No.	Fixture/ Equipment
	Water Heater		Fuel Oil Piping
	Gas Piping		Steam Boiler
	Hot Water Boiler		Hot Air Furnace
	Oil Tank		LPG Tank
	Fireplace		Hydronic Piping
	Appliances		Solar
	Heat Pump		Fire Dampers
	Exhaust Hood Sys.		HVAC
Others: _____			

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
 Owner Contractor Owner Representative

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee _____ Plan Review Fee _____

Admin. Fee _____ State Fee _____

Certification # _____ Total Cost _____

Code Official _____ Date Issued _____