

**APPLICATION FOR MECHANICAL PERMIT
CITY OF SCRANTON**

Application is hereby made on behalf of the owner of premises herein described for a Mechanical permit and the following statements of fact and answers to questions are represented as true and correct.

- 1. Contractors Name: _____ License No: _____
- 2. Contractors Address: _____
 Phone Number: (____) _____ - _____ Insurance Expiration Date: _____
 Fax Number: (____) _____ - _____
- 3. Name of Property Owner or Owners: _____
- 4. Address of Owner or Owners: _____
- 5. Location of proposed job site: _____
- 6. Existing use of structure: _____
- 7. Is this property fire damaged: YES _____ NO _____
- 8. Is this property condemned: YES _____ NO _____

PROPOSED USE: PLEASE MARK THE APPROPRIATE CATEGORIES

Residential: One family Two or more Enter number or units _____
Apartment Bldg. Number of Apts. _____ Number of stories _____ Height _____
Hotel Motel Dormitory Rooming House - List number of units or apt. rooms _____
Non-Residential Store School Church Hospital Office Bank
Industrial Restaurant Other/Specify _____

- 9. Is this property located in a flood zone: YES _____ NO _____
- 10. The total cost of the proposed Mechanical work permit, labor and materials: \$ _____
- 11. ALL LICENSED CONTRACTORS APPLYING FOR A PERMIT MUST SUBMIT A COMPLETE EXECUTED COPY OF THEIR CONTRACT FOR THE PROPOSED WORK BEFORE A PERMIT CAN BE ISSUED.
- 12. Date work to be STARTED _____ COMPLETED _____
- 13. Description of work to be done: _____

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.S. 4903 and 4904 if I have provided false answers and statements.

Signature of Licensed Contractor APPLICATION DATE: _____ CHECK NO.: _____

APPROVED BY: _____ DATE: _____ DATE OF EXPIRATION: _____