

**\*\*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. 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. Existing use of Property a Single Family Structure:      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

**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 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 SAME WILL BE REVOKED.**

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12. Total cost of the proposed Mechanical operation (not including building, electrical or plumbing), of labor and materials for construction

\_\_\_\_\_

13. Brief description of work being performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMITS WILL BE ISSUED TO LICENSED CONTRACTORS OR HOME OWNER OCCUPANTS ONLY, HOME OWNER MUST LIVE AT THE PROPERTY IN ORDER TO RECEIVE THE PERMIT

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)

14. Identification- To be completed by all applicants.

Contractor's License Number \_\_\_\_\_

Contractor's PA Registration Number \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Contactors Address \_\_\_\_\_

Contractor's Number \_\_\_\_\_

**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.**

I the homeowner certify that the information I have submitted is correct and that I am doing the work myself. ***I have not hired a contractor to do the work.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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\*\***

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**OFFICIAL USE ONLY**

**APPROVED: YES**

**NO**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ZONING OFFICER

**APPROVED: YES**

**NO**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MECHANICAL INSP

**APPROVED: YES**

**NO**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF BUILDING CODE OFFICIAL