



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

APPLICATION FOR A MECHANICAL PERMIT

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
- If yes, did this Department conduct an inspection at this location? Yes No

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

3. Name of Listed Property Owner: _____

- If listed owner is under a fictitious name, proof of ownership is required. You must provide paperwork from the PA Department of State, Bureau of Corporations and Charitable Organizations OR other official governmental agency.

4. Authorized Agent of Property _____

5. Address of Property Owner: _____

6. Telephone Number of Listed 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

- What type of business? _____
- If yes, is there a certificate of occupancy on file/filed for? Yes No

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

- If yes, are plans approved? Yes No _____

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

14. Detailed description of Mechanical work (*only*) being performed:

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

\$ _____

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

****ALL PERMITS ARE TO BE FILLED OUT IN FULL. FAILURE TO DO SO MAY RESULT IN THE DENIAL OF THE PERMIT. ****

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.

16. Contractor Identification- To be completed by all applicants. **(To be filled out in full)**

Contractor's Name (Not business name) _____

Contactors Address _____

Contractor's Business Name: _____

Contractor's Phone Number _____

City of Scranton Contractor's License Number _____

Contractor's PA Registration Number _____

Contractors/Business Single Tax Office Account 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.**

***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**

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

OFFICIAL USE ONLY

APPROVED: YES

NO

DATE

SIGNATURE OF ZONING OFFICER

APPROVED: YES

NO

DATE

SIGNATURE OF MECH INSPECTOR

APPROVED: YES

NO

DATE

SIGNATURE OF BUILDING CODE OFFICIAL

Comments:

