



**WEST BRADFORD TOWNSHIP**  
**1385 CAMPUS DRIVE**  
**DOWNINGTOWN, PA 19335**  
 Phone (610) 269-4174  
 Fax (610) 269-3016

PERMIT # \_\_\_\_\_  
 2005.1

**APPLICATION FOR HEATING, VENTILATION & AIR CONDITIONING**

(SPECIFICATIONS OF EQUIPMENT MUST BE SUBMITTED WITH THIS APPLICATION)

**PROPERTY INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ FAX #: \_\_\_\_\_

TYPE OF PERMIT			
Air Conditioning		Heating (Gas or Oil)	Conversion
New Installation		Replacement	

**ESTIMATED COST:**  
 \_\_\_\_\_

**HEATING**

Make/Model \_\_\_\_\_  
 Size of tank \_\_\_\_\_ Is there an emergency controls switch (circle one) YES NO  
 Size of fill line \_\_\_\_\_  
 Size \_\_\_\_\_  
 Location (circle one) Inside Outside What is to become of the old tank? \_\_\_\_\_  
 Size of vent line \_\_\_\_\_  
 Location \_\_\_\_\_

**If the tank is outside of the house and above floor level, oil must have an auto siphon valve installed**

**AIR CONDITIONING**

Size of unit \_\_\_\_\_ BTU Make/Model \_\_\_\_\_  
 Location of condenser \_\_\_\_\_  
 Condenser discharge \_\_\_\_\_  
 Describe work to be performed, including all materials being used \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION:**

I hereby certify that I am the owner of record of the named property; or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this applications their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions for the code(s) applicable to such permit.

Signature of Applicant \_\_\_\_\_ Address \_\_\_\_\_ Contact # \_\_\_\_\_

Print Name \_\_\_\_\_

DEPARTMENT APPROVALS	Fee
Plan Examiner _____ Date _____	
Building Official _____ Date _____	

**TOWNSHIP OF WEST BRADFORD  
ADDENDUM TO BUILDING PERMIT**

Building Permit # \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Federal or State Employer Identification Number (EIN) \_\_\_\_\_

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self Insurance has been submitted, please complete the following:

Name of Insurer or Self Insurer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor/Policy Holder's Federal or State Employer Identification Number (EIN)

\_\_\_\_\_

1. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
  2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate Holder.
  3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
  4. The contractor/policy holder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
  5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policy holder to a Stop-Work Order and other fines and penalties as provided by law.
- III. If an exemption is being claimed and you are the property owner, please check the block below and sign the back of this form where it asks for signature.

- Applicant is the individual who owns the property.

IV. If an exemption is being claimed, please complete the following and sign in the presence of a notary public.

Basis for exemption (check one);

Contractor/Applicant is a sole proprietorship without employees.

Contractor/applicant is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

\_\_\_\_\_

All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

\_\_\_\_\_

Other. Please explain:

\_\_\_\_\_

Any subcontractors used on this project will be required to carry their own workers compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a Stop Work Order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of the 18 PA C.S.A. ss 4904 relating to unsworn falsifications to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Date

STATE OF PENNSYLVANIA  
COUNTY OF CHESTER

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires

SEAL



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**Phone 610-269-4174 Fax 610-269-3016**

**WEST BRADFORD TOWNSHIP LIABILITY STATEMENT**

**TO BE COMPLETED BY OWNER OR AN AUTHORIZED AGENT**

**Owner or authorized agent of property at:**

**Permit #** \_\_\_\_\_

\_\_\_\_\_  
**Property Address**

\_\_\_\_\_  
**Phone Number**

The issuance of this permit is conditioned upon compliance with all facets of the approved permit application and/or the subdivision plan from which this lot was created, to include, but not be limited to, soil erosion controls, stormwater management, grading plan, monument placing and all other details of the subdivision approval.

If, upon inspection, work is being done other than as approved, a Stop Work Order will be issued with the condition that corrections be made before any work is resumed.

If it is necessary to make a change, the proposed change shall be detailed by the applicant and submitted in writing. A written approval must be received prior to proceeding, as requested. Failure to procure written change approval will result in an obligation to construct as originally approved.

When inspection for a Use and Occupancy Permit is made and it is noted that the provisions of the permit issuance and/or subdivision approval have not been accomplished, a Use and Occupancy Permit will NOT be issued.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Sign Name**

\_\_\_\_\_  
**Sign Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**THIS PAGE MUST BE COMPLETED & RETURNED WITH YOUR APPLICATION**

# COMMERCIAL MECHANICAL PLAN REVIEW REQUIREMENTS

**In order to perform a thorough Mechanical Plan Review, the following specifications, drawings and details should be submitted (in duplicate drawn to a scale of 1/4" = 1 ft.)**

1. Complete signed and sealed plans and specifications of all heating, ventilating and air conditioning work.
2. Labeling criteria of all mechanical equipment.
3. Heating equipment data including the following information:
  - a. Equipment capacity (b.t.u.).
  - b. Controls.
  - c. Appliance layouts showing location, access and clearances.
  - d. Disconnect switches.
  - e. Indoor and outdoor design temperatures.
4. Ventilation data, ductwork and equipment including the following:
  - a. Ventilation air rates (c.f.m.) including exhaust and outdoor air intake (c.f.m.).
  - b. Layout showing outside air intake.
  - c. Construction of ducts, including support and sheet metal thickness.
  - d. Duct lining and insulation materials with flame spread and smoke-developed ratings.
  - e. Exhaust fan ductwork layout and termination to the outside.
  - f. Size of louvers and grilles for attic ventilation.
5. Boiler and water heater equipment and piping details including safety controls and distribution piping layout.
6. Gas and fuel oil piping layout, material, sizing, and valves.
7. Combustion air intake quantities and details.
8. Commercial kitchen exhaust equipment details including hood and fan drawings, details of automatic fire suppression, and clearances.
9. Chimney and chimney connector or vent and vent connector details and connector gages and clearances.
10. Mechanical refrigeration equipment data and details.
11. Solid fuel burning appliance details including incinerator and fireplace drawings and details.
12. Energy conservation equipment data and details.
13. Complete and return the enclosed Mechanical Plan Review Worksheet.

**APPLICANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**COOKING EXHAUST VENTILATION INFORMATION**

**JOB LOCATION:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**JOB NUMBER:** \_\_\_\_\_

**CANOPY HOOD** (PLEASE INCLUDE CONSTRUCTION DETAIL OF HOOD WITH REQUIRED INFORMATION)

1. Size of opening: L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

2. Hood open on 2, 3, or 4 sides? \_\_\_\_\_ Front only \_\_\_\_\_

3. Height of front edge off the floor \_\_\_\_\_

4. Gauge and type of metal \_\_\_\_\_

5. Removable grease troughs \_\_\_\_\_

6. Ducts: Gauge \_\_\_\_\_ Number \_\_\_\_\_

Size \_\_\_\_\_ Duct Velocity \_\_\_\_\_ fpm

7. Filters: Number \_\_\_\_\_ Wire Mesh \_\_\_\_\_

Grease Extractor \_\_\_\_\_

8. Volume of air to be exhausted \_\_\_\_\_ cfm.

9. Vaporproof Lights \_\_\_\_\_

10. Fire Suppression System \_\_\_\_\_

(include detail/specifications of suppression system)

11. Fan(s):

Number \_\_\_\_\_ Exhausting \_\_\_\_\_ cfm @ \_\_\_\_\_" Static Pressure

Number \_\_\_\_\_ Make-up Air \_\_\_\_\_ cfm @ \_\_\_\_\_" Static Pressure

12. Insulation Collars \_\_\_\_\_

13. Hood Type: \_\_\_\_\_

Std Exhaust \_\_\_\_\_ Supply Exhaust \_\_\_\_\_ Low Ceiling \_\_\_\_\_ Updraft \_\_\_\_\_

14. U.L. Tested YES NO (Please circle one)