



WEST BRADFORD TOWNSHIP

1385 CAMPUS DRIVE
DOWNTOWN, PA 19335

Phone (610) 269-4174

Fax (610) 269-3016

PERMIT #

2005.1

Parcel #

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 #: _____

ESTIMATED COST:

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

HEATING

Make/Model _____

Size of tank _____

Size of fill line _____

Size _____

Location (circle one) Inside Outside

Size of vent line _____

Location _____

Is there an emergency controls switch (circle one) YES NO

What is to become of the old tank? _____

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

Plan Examiner

Date

Building Official

Date

Fee

**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



TOWNSHIP OF WEST BRADFORD

1385 CAMPUS DRIVE

DOWNINGTOWN, PA 19335

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

Mechanical Requirements

Submit two copies of the following:

1. Complete 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:
 - 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
 - f. Type of fuel (electric, gas, oil, other)
4. Ventilation data, ductwork and equipment including the following:
 - a. Ventilation air rates (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 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. Size, type and location of fuel storage tanks and copy of manufacturers specifications and installation instructions and a site plan showing the location of the fuel storage tank and the distances to property lines and building.
8. Combustion air intake quantities and details
9. Commercial kitchen equipment details including hood and fan drawings, details of automatic fire suppression and clearances.
10. Chimney and chimney or vent and vent connector details and connector gauges and clearances
11. Mechanical refrigeration equipment and data and details
12. Solid fuel burning appliance details including incinerator and fire place drawings and details.
13. Energy conservation equipment data and details

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)