

BOROUGH OF FOLCROFT  
DEPARTMENT OF CODE ENFORCEMENT  
Phone: 610-522-1305  
Fax: 610-522-1114

MECHANICAL (HVAC) PERMIT APPLICATION

Date: \_\_\_\_\_ Location of Work: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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

Email Address (REQUIRED): \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Are you the Property Owner: \_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

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

Inspection Agency: \_\_\_\_\_ Type of Occupancy: \_\_\_\_\_

Are Plans Submitted: \_\_\_\_\_ Total Estimated Cost of the Job: \_\_\_\_\_

Below Please Provide a Brief Description of the Work:

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

I hereby certify that the statements contained herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of the Applicant

**BOROUGH USE ONLY**

Approved: \_\_\_\_ Not Approved: \_\_\_\_ Permit Fee \$ \_\_\_\_\_

Code Official: \_\_\_\_\_ Date: \_\_\_\_\_