



**EAST COVENTRY TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA**

**APPLICATION FOR
MECHANICAL PERMIT**

PERMIT #:

855 Ellis Woods Road
Pottstown, PA 19465
610-495-5443
610-495-9925 (Fax)

PART 1 – INSTRUCTIONS

- Review Chapter 5, Building Codes of the Code of the Township of East Coventry, available online at <https://ecode360.com/EA2224> and for purchase or review at the Township Building.
- **Submit three (3) paper copies of this Application and details of the work to be completed.**
- An Application for Electrical Permit must accompany this Application.
- Contractors shall submit a Certificate of Insurance.
- The Application must be signed by both the Applicant and the Property Owner. Electronic signatures of the Property Owner will not be accepted.

PART 2 – APPLICANT INFORMATION

Applicant Name:

Applicant Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

Property Owner Name:

Property Owner Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

PART 3 – PROPERTY INFORMATION

Property Address:

Tax Map ID#:

Subdivision Name (if applicable):

Lot # (if applicable):

PART 3 – DESCRIPTION OF WORK

Residential

Commercial

Institutional

New Work

Alteration

Other: _____

Proposed installation date: _____

Description of work:

Cost of improvement: \$ _____

HEATING	
Type of Fuel: _____	Cost of Installation \$ _____
Name of Unit: _____	Mfg. By: _____
Capacity of Unit (BTU's) Input: _____	Output: _____

AIR CONDITIONING	
Capacity of Unit (BTU's) Input: _____	Cost of Installation \$ _____
Distance from property line: _____	Mfg. By: _____
Name of Unit: _____	

PART 4 – CONTRACTOR INFORMATION	
Contractor Name: _____	
Contractor Address (if P.O. Box, include street address also): _____	
City, State and Zip Code: _____	
Telephone Number: _____	Fax Number: _____
	Email Address: _____

PART 5 – REQUIRED ATTACHMENTS	
<input type="checkbox"/>	Check if Electrical Permit Application is attached.
<input type="checkbox"/>	Check if plot plan is attached.
<input type="checkbox"/>	Check if insurance certificate is attached.

PART 6 – CERTIFICATION	
Complete of Applicant is Not the Property Owner:	
I/we hereby represent and acknowledge that I/we am/are the owner(s) of legal title of the subject property of the Application, and that I/we hereby consent to the filing of this Application by the Applicant.	
Owner(s) of Legal Title: _____	
_____ Signature	_____ Date
_____ Signature	_____ Date

PERMIT #:

Applicant's Signature:

The undersigned hereby affirms that, to the best of his/her knowledge and belief, all of the above statements and attachments are true, correct and complete.

Applicant's Signature (REQUIRED)

Date



**EAST COVENTRY TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA**

**APPLICATION FOR
ELECTRICAL PERMIT**

PERMIT #:

855 Ellis Woods Road
Pottstown, PA 19465
610-495-5443
610-495-9925 (Fax)

PART 1 – INSTRUCTIONS

- Review Chapter 5 Building Codes of the Code of the Township of East Coventry, available online at <https://ecode360.com/EA2224> and for purchase or review at the Township Building.
- **Submit three (3) paper copies of this Application and details of the work to be completed.**
- Contractors shall submit a Certificate of Insurance.
- The Application must be signed by both the Applicant and the Property Owner. Electronic signatures of the Property Owner will not be accepted.

PART 2 – APPLICANT INFORMATION

Applicant Name:

Applicant Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

Property Owner Name:

Property Owner Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

PART 3 – PROPERTY INFORMATION

Property Address:

Tax Map ID#:

Subdivision Name (if applicable):

Lot # (if applicable):

PART 3 – DESCRIPTION OF WORK

Description of work:

Enter the number and size of fixtures being repaired, replaced or installed.

Service Amps _____ # of circuits _____ # of service outlets _____ 110V _____ 220V _____ Utility # _____

PERMIT #:

List Devices	Qty	Load/Output	List Devices	Qty	Load/Output	List Devices	Qty	Load/Output
Switches			Dishwasher			Heater		
Receptacles			Washer			Hot Water Heater		
Circuit Panel			Dryer					
Lights			Spa/Hot Tub					
Smoke Det.			A/C Unit					

- Check if re-introduction of service.
- Check if the insurance certificate is attached.

Cost of Improvement: \$ _____

PART 4 – CERTIFICATION

Complete of Applicant is Not the Property Owner:

I/we hereby represent and acknowledge that I/we am/are the owner(s) of legal title of the subject property of the Application, and that I/we hereby consent to the filing of this Application by the Applicant.

Owner(s) of Legal Title:

Signature

Date

Signature

Date

Applicant's Signature:

The undersigned hereby affirms that, to the best of his/her knowledge and belief, all of the above statements and attachments are true, correct and complete. Applicant agrees to be responsible for payment of all fees and costs associated with this Application.

Applicant's Signature (REQUIRED)

Date