



HANOVER TOWNSHIP MECHANICAL PERMIT APPLICATION

2202 Grove Road
Allentown, PA 18109
610-264-1069
www.hanleco.org

PERMIT #: **M#** _____
ISSUE DATE: _____

B P L # _____

SITE ADDRESS: _____ APPLICATION DATE: _____
TENANT NAME: _____ PHONE: _____
CONTRACTOR NAME: _____ PHONE: _____
CONTRACTOR ADDRESS: _____ FAX/CELL: _____
CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

The Contractor / Applicant agrees that all work authorized under this permit shall be in accordance with Hanover Township Ordinances and has been authorized by the Owner of record to make this application.

ORIGINAL Signature of Contractor / Applicant: _____

PRINT NAME _____

PROPERTY OWNER NAME: _____ PHONE: _____

OWNER ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

DESCRIPTION OF PROPOSED WORK: _____

PROPOSED USE OF STRUCTURE: ___ 1 or 2 FAMILY DWELLING ___ COMMERCIAL ___ MULTI-FAMILY

IS PROPERTY IN A FLOOD ZONE? (Special requirements apply) ___ YES ___ NO

Map/Panel #: _____ Flood Zone(s): _____

PROJECT INFORMATION: (List Number of Units for Each)

Heating Units ___ A/C Units ___ Exhaust Fans ___ Gas Equipment ___ Laundry ___

Oil Equipment ___ Cooking Exhaust ___ Other: _____

Plenum Return (Commercial Only) ___ Yes ___ No

APPROVAL / DENIAL:

REVIEWER / BCO **DATE**

ZONING OFFICER **DATE**

ITEMS TO INCLUDE WITH APPLICATION

- PLANS / SPECS
- ELECTRICAL PERMIT
- APPLICATION FEE
- WORKERS' COMPENSATION

FEEES:

- PERMIT FEE \$ _____
- P/R FEE \$ _____
- TWSP. FEE \$ _____
- PA UCC FEE \$ _____

SUBTOTAL \$ _____

APPLICATION FEE* \$ _____

CASH / CHECK # _____

** Application fee is non-refundable*

BALANCE DUE \$ _____

DATE PAID: _____

CASH / CHECK # _____

APPLICANT CALLED / EMAILED

DATE: _____

APPROVAL CONDITIONS:



SUPPLEMENT TO MECHANICAL / HVAC PERMITS

THIS SUPPLEMENT MUST ACCOMPANY ALL MECHANICAL / HVAC PERMIT APPLICATIONS

Date: _____ Base Engineering #: H- _____ Permit #: _____

Location of Work : _____ Telephone : _____

Contractor : _____ Email : _____ Telephone : _____

Use of Building : _____

Owner of Building : _____ Estimated Cost of Mechanical Work : \$ _____

New Alternation Repair Addition (circle one)

Oil: _____ Gas: _____ LPG: _____ Electric: _____ Other: _____

Heating: _____ Air Conditioning: _____ Ventilation: _____

Make , Model, Type, and Capacity of Unit(s) AND Other Major Pieces of Equipment:

1. _____
2. _____
3. _____
4. _____
5. _____

(use additional sheet if necessary)

Will Gas or other Fuel Piping be installed? _____

Boilers or Pressure Vessels? _____

Water Heater? Make: _____ Model: _____ Capacity: _____

Please note items that will be needed for submission: 3 Sets of Signed Sealed Plans, Copy of Master License, Workers Compensation Insurance Form & Certificate of Insurance naming Hanover Township a Certificate Holder.

Applicant certifies that all information given is correct and that all pertinent ordinances will be complied with in performing the work for which this permit is issued.

Print Legible _____ Signature _____

Signature of Official _____

Hanover Township, Lehigh County, PA

2202 Grove Road Allentown, PA 18109

610-264-1069 610-266-9292 Fax: 610-264-2773



WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

Date: _____

Name of Applicant : _____

Address : _____ City : _____ Zip : _____

County of : _____ Municipality of : _____

THE APPLICANT IS:

The property owner or lease YES NO

A contractor within the meaning of the Pennsylvania Workers' Compensation Law YES NO

If Yes, complete this page, If No, complete form below

Federal or State Employer Identification # : _____

Applicant is qualified self-insurer for workers' compensation YES - Certificate attached NO

Name of Worker's Compensation Insurer : _____

Workers' Compensation Insurance Policy # : _____

Certificate attached : Policy Expiration Date : _____

(Please print legibly) Name of Applicant: _____

Signature of Applicant: _____

Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

(If claiming an exemption, fill out form below and have it notarized.)

EXEMPTION- (Notary)

The undersigned swears or affirms that he / she is not required to provide workers' compensation insurance under the provision of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated :

Contractor with no employees Religious exemption under the Workers' Compensation Law

Subscribed and sworn to before me this _____ date of _____, _____.

Signature of Notary Public _____

My Commission expires : _____ Signature of Applicant _____

(SEAL)

Address: _____

City: _____ State: _____

County of _____

Municipality of _____

Hanover Township, Lehigh County, PA

2202 Grove Road Allentown, PA 18109
610-264-1069 610-266-9292 Fax: 610-264-2773



HANOVER TOWNSHIP
SUBMITTAL GUIDE FOR
NEW INSTALLATION or REPLACEMENT OF
MECHANICAL / HVAC EQUIPMENT

1. **PERMITS** - must be completed and signed by the contractor or person doing the work. All permits are submitted to the Township. Please note that no faxed or emailed applications will be accepted. **We require all applications to have original signatures.**
 - A. **Mechanical Permit** - must be completed and submitted.
 - B. **Electrical Permit** - is required if any unit requires electric and is ***NOT*** plugging into an existing receptacle, an application must be completed and submitted. Indicate “New Wiring” on the permit application.
2. **APPLICATION FEE** – Once application is approved applicant will be notified with application fees total. This must be paid within seven (7) days of notification.
3. **WORKERS’ COMPENSATION COVERAGE** - pursuant to Pennsylvania Law, every contractor must provide proof of workman’s compensation coverage or a notarized exemption affidavit form. An insurance certificate, listing Hanover Township as certificate holder, must be presented with each permit application at the time of submission. ***No permits will be accepted without this paperwork.***
4. **BUSINESS LICENSE** - all contractors are required to have a valid Hanover Township Business License prior to securing *any* permits. For more information, contact Berkheimer Associates at 1-800-360-8989 - Business Privilege Department.

FOR 1 or 2 FAMILY DWELLING INSTALLATIONS:

1. Must provide the manufacturer’s model number(s) for equipment being installed.
2. Must provide (2) copies of the manufacture’s specification cut sheet (***COVER PAGE ONLY***).
3. Must indicate if the equipment is natural gas, propane, oil or electric.
4. If any new duct work is to be completed, must provide the R-value of the new duct work to be installed.
5. Indicate if any of the equipment is going to be installed in an attic area. A platform and access shall be installed per Code requirements. The attic access must be sized to remove the largest piece of equipment in the attic.
6. A Carbon Monoxide detector must be installed outside of all sleeping rooms or if any fuel burning equipment or attached garage(s).
7. You must call Base Engineering at 610-437-0978 for a final inspection after the job is complete. Please know that the contractor may need to meet the inspector on site.

FOR COMMERCIAL / MULTI-FAMILY INSTALLATIONS:

1. Must submit (3) complete sets of plans (PROFESSIONAL SEAL)
2. Must indicate the location of all heating and cooling equipment on plans.
3. You must call Base Engineering at 610-437-0978 for a final inspection after the job is complete. Please know that the contractor may need to meet the inspector on site.