

Date _____

Permit No. _____ -M

Borough of Turtle Creek

APPLICATION FOR RESIDENTIAL OR COMMERCIAL MECHANICAL PERMIT

<p><u>Application type</u> (Check all that apply) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL</p>	<input type="checkbox"/> AIR HANDLER <input type="checkbox"/> CHILLER <input type="checkbox"/> BOILER <input type="checkbox"/> DUCT LAYOUT <input type="checkbox"/> ENERGY RECOVERY UNIT	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXTENSION OF SYSTEM <input type="checkbox"/> REPAIRS <input type="checkbox"/> ALTERATION	<input type="checkbox"/> COMMERCIAL KITCHEN HOOD SYSTEM <input type="checkbox"/> TYPE I _____ <input type="checkbox"/> TYPE II _____ <input type="checkbox"/> MAKE UP AIR UNIT _____
<p><u>Site Information</u></p>	NAME: _____ ADDR: _____ _____ Subdivision _____ Lot _____ Block _____ Construction Costs: _____		
<p><u>Use/Occupancy classification:</u> (Check all that apply)</p>	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2(Multi-family) <input type="checkbox"/> R-3(Single Family) <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U		
<p><u>Type of work to be done</u> (check all that apply)</p>	<input type="checkbox"/> New construction <input type="checkbox"/> Equipment replacement with like kind and efficiency rating <input type="checkbox"/> Repair existing <input type="checkbox"/> Alteration and or extension of system <input type="checkbox"/> Equipment replacement with like kind and higher efficiency rating		
<p><u>Documentation required</u> (Check all submitted with application)</p>	<input type="checkbox"/> 3 complete sets of signed and stamped Engineered mechanical drawings. <input type="checkbox"/> Floor plans showing the location of proposed work including existing work to be removed or replaced and new work detailing ductwork locations and sizes <input type="checkbox"/> Mechanical Com-Check or Res-Check <input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application. <input type="checkbox"/> Approved Zoning application for all equipment that is to be installed at exterior or on roof of building.		
<p><u>Construction Details</u> (check all that apply and list number of pieces of equipment next to all that apply)</p>	<input type="checkbox"/> Mechanical systems Central furnace _____ Boiler _____ Air conditioner _____ Exhaust ventilation _____ Roof top units _____ VAV's _____ Chiller _____ Energy recovery unit _____ Refrigerant Piping _____ Gas Piping _____ Air Handler _____ <input type="checkbox"/> Number of single dwelling units _____ <input type="checkbox"/> Exhaust system is part of a Hazardous Exhaust as defined by the International Mechanical Code. <input type="checkbox"/> Installation requires fire dampers <input type="checkbox"/> Installation requires an economizer. <input type="checkbox"/> Installation requires duct smoke detectors <input type="checkbox"/> Commercial Kitchen Hood system <input type="checkbox"/> Which side of structure and distance to property lines: (Outdoor equipment only) Front _____ Rear _____ Right side _____ Left side _____		
<p><u>Description of Work</u></p>	_____ _____ _____ _____		
<p><u>Owner Information</u></p>	Owner's name _____ Address _____ _____ Phone _____ Fax _____		

Contractor Information:	Name _____ Address _____ _____ Phone _____ Fax _____ E-mail _____
Insurance Information	Company Name _____ Address _____ Policy No. _____ Exp. Date _____ Coverage Amount _____ Note: A copy of your insurance certificate must accompany this application.
Applicant Signature	Print Name: _____ Signature: _____ Date _____

-OFFICIAL USE ONLY-

FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS _____ X _____ = _____ OTHER _____ OTHER _____ TOTAL _____	PERMIT ISSUED _____ PERMIT DENIED _____ REASON REVISED _____ Z.H.B. CASE # _____ Z.H.B. DECISION _____ X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____
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**COMMERCIAL OR RESIDENTIAL MECHANICAL
REQUIRED INSPECTIONS**

IT IS MANDATORY TO CALL Plans Examiners, Inc. FOR INSPECTIONS
AT 412-787-1510 OR VISIT:

<http://plans-examiners.com> - 48-HOUR NOTICE REQUIRED

Project Name: _____

Contact: _____ **Phone** _____

For Department use only

Rough Mechanical: Prior to concealment of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

System Air Balance: To be completed when systems are complete and operational. Provide a copy of an air balance report to the mechanical inspector.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Final Mechanical: To be completed when systems are complete and operational.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Underground Gas Piping Installation and pressure test: Prior to concealment of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Above ground Gas Piping Installation and pressure test: Prior to use or concealment of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Refrigerant Piping Installation and pressure test: Prior to charging of system.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Grease Duct Rough-in: To be completed after all joints and seams are installed and welded and prior to the installation of any grease duct fire wrap if required. Either a Light test or a smoke and pressure test is to be performed in the presence of the Mechanical Inspector.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Grease Duct Fire Wrap: To be completed prior to concealment of any part of the grease duct.

Required:

Date:

Inspector Cert. #

Inspector Signature:

Hood Systems Final Acceptance: After completion of all work including the installation of the cooking equipment and fire suppression system. At this time, a capture and containment test as well as a system interlock operational test shall be performed. Note: The fire suppression system will not tested or approved prior to this test.

Required:

Date:

Inspector Cert. #

Inspector Signature:

INSPECTION PENALTY:

Inspections not cancelled by 4:00pm of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$75.00 fee per incident.