

Date _____

Permit No. _____ -M

Township of Robinson

APPLICATION FOR RESIDENTIAL OR COMMERCIAL MECHANICAL PERMIT

Application type (Check all that apply) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	<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 _____
Site Information	NAME: _____ ADDR: _____ Subdivision _____ Lot _____ Block _____ Construction Costs:		
Use/Occupancy classification: (Check all that apply)	<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		
Type of work to be done (check all that apply)	<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		
Documentation required (Check all submitted with application)	<input type="checkbox"/> 2 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.		
Construction Details (check all that apply and list number of pieces of equipment next to all that apply)	<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 _____		
Description of Work	_____ _____ _____ _____		
Owner Information	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 PEI FOR INSPECTIONS
AT 412-787-1510 OR VISIT:**

<http://plans-examiners.com/townshipofrobinson.html> - **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.