

Date \_\_\_\_\_

Permit No. \_\_\_\_\_ -M

# Township of Robinson

## APPLICATION FOR RESIDENTIAL OR COMMERCIAL MECHANICAL PERMIT

<p><b><u>Application type</u></b> (Check all that apply)</p> <p><input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL</p>	<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</p>	<p><input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXTENSION OF SYSTEM <input type="checkbox"/> REPAIRS <input type="checkbox"/> ALTERATION</p>	<p><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>
<p><b><u>Site Information</u></b></p>	<p>NAME: _____ ADDR: _____ _____</p> <p>Subdivision _____ Lot _____ Block _____</p>		
<p><b><u>Use/Occupancy classification:</u></b> (Check all that apply)</p>	<p><b>Construction Costs:</b></p> <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>		
<p><b><u>Type of work to be done (check all that apply)</u></b></p>	<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 <b>higher</b> efficiency rating</p>		
<p><b><u>Documentation required</u></b> (Check all submitted with application)</p>	<p><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.</p>		
<p><b><u>Construction Details</u></b> (check all that apply and list number of pieces of equipment next to all that apply)</p>	<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 _____</p> <p><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>		
<p><b><u>Description of Work</u></b></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p><b><u>Owner Information</u></b></p>	<p>Owner's name _____  Address _____  Phone _____ Fax _____</p>		

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

**-OFFICIAL USE ONLY-**

FEB 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 PERMIT # \_\_\_\_\_ M

REQUIRED INSPECTIONS

IT IS MANDATORY TO CALL PLANS EXAMINERS, INC. FOR INSPECTIONS AT 412-788-1510 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: \_\_\_\_\_

**Blower Door Test:**

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 be 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.