



# Borough of Wilkinsburg Code Enforcement

Municipal Building  
605 Ross Avenue  
Wilkinsburg, PA 15221  
Phone: (412) 244-2923 • Fax: (412) 244-2922

## MECHANICAL PERMIT APPLICATION

In accordance with Chapter 178 of Borough Code of Ordinances

APPLICATION DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Site Location Address \_\_\_\_\_

Commercial       Residential

Lot & Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

(If Owner differs from Applicant)

Property Owner Address \_\_\_\_\_ E-mail \_\_\_\_\_

If Applicant differs from Property Owner, Please provide Property Owner authorization:

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**Type of Request** (Check Appropriate Box and fill-in the blanks):

- heating, ventilation, flues and vent pipes
- duct work
- other mechanical equipment, (i.e., chutes, drying rooms)
- other \_\_\_\_\_

CONTRACTOR INFORMATION

Business Name: \_\_\_\_\_ PA Cont. Reg. #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

PA ONE CALL SERIAL # \_\_\_\_\_

**Description of Work:**

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**Fees**

- |   |         |
|---|---------|
| <input type="checkbox"/> Application fee          | \$60.00 |
| <input type="checkbox"/> UCC fee                  | \$4.00  |
| <input type="checkbox"/> Plans Administration fee | \$10.00 |
| <input type="checkbox"/> Third Party Review       | TBC     |

# WORKERS' COMPENSATION ADDENDUM

(Required to be attached to all building permit applications)

## Part 1

The Applicant for the permit, in compliance with Act 44 of 1993, hereby submits, *(check one)*:

- Certificate of Insurance OR Certificate of Self-Insurance Listing the Borough of Wilkinsburg and our Third Party Reviewer (Must Attach)
- Affidavit of Exemption

## Part 2

Basis and Affidavit of Exemption

- Applicant is an Individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
- All of the Contractor/Applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Worker's Compensation Act.

Other: Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature on behalf of or as the Contractor/Applicant for this permit constitutes my varication that the statements contained herein are true, and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

### **Applicant Signature**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Office Use Only**

Permit Number \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_