



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:

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:

Fees

- | | | |
|---|------------------------|-------------|
| <input type="checkbox"/> Application fee | | \$60.00 |
| <input type="checkbox"/> UCC fee | | \$4.50 |
| <input type="checkbox"/> Plans Administration fee | | \$10.00 |
| <input type="checkbox"/> Third Party Inspection | | TBC |
| | Residential Inspection | \$71.00 ea. |
| | Commercial Inspection | \$100.00 ea |

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: _____