



Application for Mechanical/Electrical/Plumbing Permits

Separate permit is required for each waste water lateral connection, commercial and residential.

APPLICANT/CONTACT PERSON: (Print clearly) _____

COMPANY COMPLETING APPLICATION: _____

Address: _____

Telephone Numbers: Home/Office # _____ Cell # _____ Fax: _____

Email Address: _____

PROPERTY OWNER: _____ Same as above

Address: _____

Telephone Numbers: Home/Office # _____ Cell # _____ Fax: _____

Project Location/Street Address: _____

(Must include Apartment/unit or Suite Number if applicable)

Residential Commercial Bldg Code Change of Use Adding or expanding # of rental units

Contractors must provide a Certificate of Insurance listing the City of Lancaster as the certificate holder.

MUST PROVIDE COPY OF CONTRACT/PROPOSAL OR NARRATIVE WITH APPLICATION

Mechanical Work: Provide a scope of work (detailed description of work) to be performed: \$ _____

Direct vent appliance Atmospheric vented appliance/ Chimney Liner Furnace AFUE _____

Contractor Information: Name: _____ Cell # _____

Contractor Address: _____

Home Improvement Contractor's License #: _____

Manufacturers' installation instructions must be available at the job site at time of inspection for each appliance.

TEST CERTIFICATION FORM REQUIRED FOR GAS PIPING

Electrical Work: Provide a scope of work (detailed list of work to be performed): \$ _____

Contractor Information: Name: _____ Cell # _____

Contractor Address: _____

Home Improvement Contractor's License #: _____

PP&L Work Number: _____

Plumbing Work: Provide a detailed scope of work to be performed \$ _____ including a list of fixtures to be reset or replaced: _____

Contractor Information: Name: _____ Cell # _____

Contractor Address: _____

Home Improvement Contractor's License #: _____

Lancaster City Master Plumbers Name: _____

Sewer Lateral Connection: YES NO Sewer lateral repairs: YES NO

Total # of fixtures to be reset or installed: _____

OFFICE USE ONLY

Application # _____

Permit # _____

Code Compliance Office Review/Approval: _____ Date: _____

Permit Fee: \$ _____ State Fee: \$ 4.50 Total Fee: \$ _____