



**Application for Mechanical/Electrical/Plumbing Permits**

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

**Project Location/Street Address:** \_\_\_\_\_

**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: \_\_\_\_\_

(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: \$ \_\_\_\_\_