

PERMIT # \_\_\_\_\_

**BOROUGH OF EAST LANSDOWNE**  
Delaware County, Pennsylvania

**Municipal Building**  
155 Lexington Avenue  
East Lansdowne, PA 19050  
Phone: 610-623-7131  
Fax: 610-259-2636

Start Date \_\_\_\_\_

Date of Completion \_\_\_\_\_

## APPLICATION FOR MECHANICAL PERMIT

**IMPORTANT – Applicant to complete all items in sections: I, II, III and IV**

**I. LOCATION OF BUILDING** At (Location) \_\_\_\_\_ Zoning District \_\_\_\_\_  
(no.) (street)  
Between \_\_\_\_\_ And \_\_\_\_\_  
(cross street) (cross street)  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Lot Size \_\_\_\_\_

**II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D**

**A. TYPE OF IMPROVEMENT**

☐ New Building  
☐ Addition (if residential, enter number of new  
Housing units added, if any, in Part D)  
☐ Alteration (See 2 above)  
☐ Repair, replacement  
☐ Fence  
☐ Decks  
☐ Porch

**B. OWNERSHIP**

☐ Private  
Individual,  
corporation, non profit institution,  
etc.)  
☐ Public (Federal, State,  
or local government)

**C. COST**

Permitted Work Cost \$ \_\_\_\_\_  
Borough & State Fee \$ \_\_\_\_\_  
Inspection Fee \$ \_\_\_\_\_  
Total Permit Cost \$ \_\_\_\_\_

**D. PROPOSED USE – For “Wrecking” most recent use**

**Residential**

☐ One or two family  
☐ Two or more family – Enter number of  
Units  
☐ Garage  
☐ Day Care  
☐ Other – Specify \_\_\_\_\_

**Non-residential**

☐ Amusement, recreational  
☐ Church, other religious  
☐ Industrial  
☐ Parking garage  
☐ Service Station, repair garage  
☐ Hospital, Institutional  
☐ Office, bank, professional

☐ Public Utility  
☐ School, library, other educational  
☐ Stores, mercantile  
☐ Tanks, towers  
☐ Other – Specify \_\_\_\_\_  
☐ Existing Building

Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant.

If use of existing building is being changed, enter proposed use

**III. SELECTED CHARACTERISTICS OF BUILDING**

**E. PRINCIPAL TYPE OF FRAME**

☐ Masonry (wall bearing)  
☐ Wood frame  
☐ Structural steel  
☐ Reinforced concrete  
☐ Other - Specify \_\_\_\_\_

**F. DIMENSIONS**

Number of stories \_\_\_\_\_  
Total square feet of floor area, \_\_\_\_\_  
All floors, based on \_\_\_\_\_  
Exterior dimensions \_\_\_\_\_  
Total land area, sq. ft. \_\_\_\_\_

ENTER THE NUMBER OF NEW OR REPLACEMENT UNITS

|                      |  |                   |  |                          |  |
|----------------------|--|-------------------|--|--------------------------|--|
| Forced Air Furnace   |  | Incinerator       |  | Kitchen Exhaust Hood     |  |
| Unit Heater          |  | Boiler            |  | Bathroom Exhaust         |  |
| Gas/Oil Conversion   |  | Coil Unit         |  | Hazardous Exhaust System |  |
| Gravity Furnace      |  | Window A/C Unit   |  | Electric Furnace         |  |
| Solid Fuel Appliance |  | Split System A/C  |  | Duct Work                |  |
| Gas Fired Fire Place |  | Air Handling Unit |  | Boiler                   |  |
| Wood Fire Place      |  | Heat Pump         |  | Furnace                  |  |
| Chimney Liner        |  | Air Cleaner       |  |                          |  |

[illegible]

| Name                      | Mailing Address, Number, Street,<br>City and State | Zip Code | Tel. No. | Email Address |
|---------------------------|--|----------|----------|---------------|
|                           |  |          |          |               |
| 1. Owner or Lessee:       |  |          |          |               |
| 2. Contractor:            |  |          |          |               |
| 3. Architect or Engineer: |  |          |          |               |

|                         |          |                   |
|-------------------------|----------|-------------------|
| Signature of applicant: | Address: | Application date: |
|-------------------------|----------|-------------------|

**\$50.00 - The First \$1,000 of Permitted Work Cost**  
**\$30.00 - The next \$1,000 and any part of additional \$1,000 of Permitted Work Cost**  
**Plan Review = \$85 per hour, minimum 1 hour**  
**Residential Inspections = \$85, Commercial Inspections = \$140**  
**Residential Re-inspections = \$85, Commercial Re-inspections = \$140**  
**In addition, every permit requires a \$4.50 State Fee**  
 i.e.(work cost = \$2,500, permit cost = \$110 + State Fee = \$4.50) Total Permit Fee = \$114.50  
 i.e.(work cost = \$2,500, permit cost = \$110 + Inspection fee = \$85 + State Fee = \$4.50) Total Permit Fee = \$199.50  
 i.e. (2 hours Plan Review) Total Plan Review Cost = \$170