



Borough of Saint Lawrence

3540 Saint Lawrence Avenue, Reading, PA 19606-2372

Office: (610) 779-1430 * Fax: (610) 779-9148

UCC MECHANICAL & PLUMBING PERMIT APPLICATION

<input type="checkbox"/> Mechanical	<input type="checkbox"/> Residential (1 & 2 Family)	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional
<input type="checkbox"/> Plumbing	<input type="checkbox"/> EZR Permit	<input type="checkbox"/> EZC Permit		

Address: _____ Date: ____ / ____ / ____
 Zone: _____ Construction Type: _____ Application #: _____
 Zoning Approval #: _____

Owner: _____ Home: () - _____ Email: _____
 Name: _____ Mobile: () - _____ Other: _____
 Address: _____ Fax: () - _____

Occupant Same as Property Owner

Occupant: _____ Home: () - _____ Email: _____
 Mobile: () - _____ Other: _____

Contractor: Name: _____ Address: _____	Office: () - _____	Trade Professional
	Mobile: () - _____	Reg. #: _____
	Fax: () - _____	Reg. Exp.: _____
	Email: _____	Ins. Exp.: _____

Architect: Name: _____ Address: _____	Office: () - _____	Design Professional
	Mobile: () - _____	PA Reg. #: _____
	Fax: () - _____	Ins. Exp.: _____
	Email: _____	

Construction Type:

New Construction Addition Alteration Temporary

Work Location (Area/Floor/Etc.)	Area or Work Space:	Number of Floors	Fair Market Value of Proposed Work
	sf		

Property Type:

<input type="checkbox"/> 1 or 2 Family Dwelling	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Townhome	<input type="checkbox"/> Restaurant / Food Prep.	<input type="checkbox"/> Office Bldg	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Multifamily Dwelling	<input type="checkbox"/> Health Care Facility	<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Educational
<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Fuel Dispensing Facility	<i>Other</i> _____	

Fuel Supply:

Electric Natural Gas LPG Oil Solar

*Plumbing Equipment
Counts*

	Supply:			Waste:		Vent Size & Material
	QTY	Floor	Size / Material	Trap Type	Size / Material	
Shower						
Steam Shower						
Shower/Bath						
Bath Tub						
Hydro Masage Tub						
Lavitory						
Water Closet						
Bidet						
Wash Basin						
Laundry Tray						
Washer						
Sink						
Garbage Disposal						
Instant Hot						
Ice Maker						
Grease Trap						
Dish Washer						
Interceptors (Specify)						
Floor Drain						
Garage Drain						
Sanitary Sewer Connection						
Storm Sewer Connection						
Rain Conductor						
Drinking Fountain						
Water Service						
Water Conditioner						
Water Heater (Relief Valve)						

Description of Proposed Work:

Description of Equipment Equipment	QTY	Supply		Vent / Exhaust / Return	
		Size	Type	Size	Type
Furnace					
AC Condensing Unit					
Steam Boiler					
Hot Water Boiler					
Domestic Water Heater Replacement					
Range/Oven					
Gas/LPG Fire Place & Space Heat					
Geothermal					
Duct Work					
Solar					

Is this Application the result of a Violation? Yes No Violation #: _____

****IMPORTANT NOTICE****

Failure to fill in ALL Required Fields will result in rejection or significant delays in the processing of your permit application!

I hereby certify that all provisions and requirements of the currently adopted Pennsylvania Uniform Construction Codes, and all current Zoning Ordinances & Resolutions of the Borough of Saint Lawrence will be met and complied with, whether specified herein or not. All plans approved by the Codes Department form a part of this four page application. I further certify that the statements contained herein are true and correct to the best of my knowledge and belief and that I am authorized by, and acting on behalf of the Property Owner identified herein to make this application, and that before I accept any permit for which this application is made, the Property Owner shall be made aware of all conditions of the permit(s). I Understand that if I knowingly make any false statements herein I am subject to such maximum penalties as may be prescribed by Local, County, State & Federal Law.

Applicant Signature: _____ Date: ____ / ____ / ____
Applicant Name: _____

Sworn and subscribed to before me, this _____ day of _____, 20____

Notary Public My Commission Expires _____	(SEAL)
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Fee Schedule:

Contractor Registration		EZR Permit (Each Inspection)	
Residential Minimum		(Residential 1 & 2 Family Only)	
Commercial Minimum		EZC Permit (Each Inspection)	
2% of Fair Market Value	TBD	(Commercial & Multi-Family)	
Plan Review First Page		Residential Sewer Tap-In Fee	
Plan Review each page after First		Commercial Sewer Tap-In Fee	
Penalty (Double Permit Fee)	TBD	Reinspection Fee	
PA State Fee (APPLIES TO ALL UCC PERMITS)		Notary Fee	

Codes Department Use Only:

<input type="checkbox"/> Zoning Approval Granted	<input type="checkbox"/> Application Complete	<input type="checkbox"/> Payment Received By _____
<input type="checkbox"/> Plans Received	<input type="checkbox"/> Insurance Certificate Approved	Payment Amount: _____
<input type="checkbox"/> Contractor Registered	<input type="checkbox"/> Fair Market Value Approved	Payment Type: _____

Notes:

Code Official Approval: _____ Date: ____ / ____ / ____