

Borough of Bridgeport  
63 West Fourth Street, Bridgeport, PA 19405  
Phone 610-272-1811 Fax 610-292-8236

## Mechanical Permit Application

**Location**

**Address** \_\_\_\_\_

**Property Owner**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

No P. O. Box

**Phone #** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Contractor**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

No P. O. Box

**Phone #** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Applicant**

**Name** \_\_\_\_\_ **Relationship to Owner** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Proposed Work**

Applicant must provide additional documentation including, but not limited to two sets of:  
A plot plan, sketches, sealed architectural plans, specifications, truss drawings, etc. as required. Signed  
contract between homeowner and contractor must be provided.

Indicate Proposes work \_\_\_\_\_

**Estimated Cost** \_\_\_\_\_ **Fee** \_\_\_\_\_

**FEE MUST BE PAID BY CHECK OR CASH (CASH MUST BE THE EXACT AMOUNT)**

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Highlighted areas required.**

**Building Inspector** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of work**      New \_\_\_      Repair \_\_\_

**Commercial Permit:** \_\_\_\_\_ **Residential** \_\_\_\_\_

**Incomplete applications will be returned.**