

WEST MANCHESTER TOWNSHIP APPLICATION FOR BUILDING PERMIT

App. Date	Estimated Cost:	Is Owner Applicant (Y/N) Yes No
Description of Proposed Work:		

PROPERTY INFORMATION

Street Address:	Zip:	Parcel Number:	Zoning:
Subdivision:	Lot #:	Parcel Type: <input type="checkbox"/> Residential @ <input type="checkbox"/> Commercial ©	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)

OWNER INFORMATION

First Name:	Last Name or Business Name:	Phone:
Street Address:	City:	State Zip:
Fax Number:	E-Mail Address:	

CONTRACTORS INFORMATION

	Name of Contractor	Street Address	City, State, Zip Code
Applicant (not owner)			
Architect/Engineer			
General Contractor			
Excavation			
Concrete			
Carpentry			
Electrical			
Plumbing			
Sewer			
Mechanical			
Roofing			
Masonry			
Drywall or Lathing			
Sprinkler			
Paving			
Fire Alarm			

CERTIFICATION

I hereby certify that I am the owner of record of the Named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NUMBER

ZONING OFFICER APPROVAL:

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:		INSTITUTIONAL	<input type="checkbox"/> OTHER (24)
Plan Number		ASSEMBLY	<input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14)	PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM
IMPROVEMENT TYPE:		<input type="checkbox"/> BUSINESS (6)	EDUCATIONAL	<input type="checkbox"/> MERCANTILE (15)	
<input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)		FACTORY	<input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)	RESIDENTIAL	
		<input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)		<input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21)	
Structural (check that applicable) Frame			Exterior (Check those applicable) Walls		
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)			<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)		
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)			
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)			
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)			
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)			
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)			
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)			
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)			
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)			
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)			
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Building Est. Value \$			

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS		Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE			Number of Service Outlets: _____ 110V _____ 220V		
	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.	OUTPUT/LOAD
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			
Utility Service Revisions:							
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____			Electrical Work Est. Value \$		

7. PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired					
Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water (Y/N)	Yes No	Public Sewer (Y/N)	Yes No		
Water Service Size	_____ IN.	Water Meter Size	_____ IN.	Avg. Daily Water Use	_____ GPD
Utility Service Revisions:					
Est. Start	____/____/____	Est. Finish	____/____/____	Plumbing Work Est. Value \$	

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)					
Est. Start	____/____/____	Est. Finish	____/____/____	Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:					
Description of Work:					
Est. Start	____/____/____	Est. Finish	____/____/____	Est. Value \$	

SITE PLAN

Show lot lines, dimensions of existing and proposed structures and setback distance from all property lines.

