

WEST MANCHESTER TOWNSHIP APPLICATION FOR BUILDING PERMIT

App. Date	Estimated Cost:	Is Owner Applicant (Y/N)
Description of Proposed Work:		

PROPERTY INFORMATION

Street Address:	Zip:	Parcel Number:	Zoning:
Subdivision:	Lot #:	Parcel Type: Residential ® Commercial ©	Industrial (I) 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. I hereby swear and affirm that all information provided on this application is true and correct and the actual work will be performed in accordance with the information on this application. Permits can be revoked if issuance violates the zoning ordinance.

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 \$		

SITE PLAN

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

