

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: <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:	
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"/> BUSINESS (6)		INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15)
IMPROVEMENT TYPE:		EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)	RESIDENTIAL <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)
<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"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Structural (check that applicable) Frame <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)		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)	
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	
Shower Stalls		Floor Drains	
Lavatories		Water Heaters	
Toilets		Water Softeners	
Urinals		Sewage Ejectors	
Sinks		Sump Pumps	
Laundry Tubs		Grease Traps	
Dishwashers		Bidets	
Garbage Disposals			
			Total Fixtures
Public Water (Y/N)		Public Sewer (Y/N)	
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	
Unit Heater		Boiler	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C Unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		A/C Compressor	
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.

