

APPLICATION FOR PLAN EXAMINATION, BUILDING, AND/OR ZONING PERMIT

OWNER'S NAME: _____ EST. COMPLETION DATE: _____

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, AND V

I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____ TAX PARCEL NO. _____ ZONING DISTRICT _____
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II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <input type="checkbox"/> New building <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Foundation only <input type="checkbox"/> Roofing	<p>B. PROPOSED USE</p> <p>Residential</p> <input type="checkbox"/> One family <input type="checkbox"/> Two or more family <input type="checkbox"/> Apartment, hotel, motel <input type="checkbox"/> Garage - Carport - Shed <input type="checkbox"/> Fence <input type="checkbox"/> Other - <i>Specify</i> _____
<p>BRIEF DESCRIPTION OF PROJECT:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Nonresidential</p> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Restaurant <input type="checkbox"/> Service Station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public Buildings <input type="checkbox"/> Signs <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other - <i>Specify</i> _____
	<p>OFFICE USE ONLY:</p> <p>Date Permit Rec'd.: _____</p> <p>Date Permit Issued: _____</p> <p>Date Picked Up: _____ Check # _____</p>

<p>C. COST (Omit cents)</p> <p>Cost of improvement \$ _____</p> <p>To be installed but not included in the above cost</p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Mechanical _____</p> <p>d. Other (<i>elevator, etc.</i>) _____</p> <p>TOTAL COST OF IMPROVEMENT \$ _____</p>	<p>FEES CHARGED</p> <p>Building _____</p> <p>Plumbing _____</p> <p>Mechanical _____</p> <p>Electrical _____</p> <p>Zoning _____</p> <p>Other _____</p> <p>Total _____</p> <p>Receipt No. _____</p>	<p>Nonresidential</p> <p>Describe in detail on Page 4 proposed use of buildings, e.g., garage, office building, industrial plant.</p> <p>If use of existing building is being changed, enter proposed use.</p>
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ALL IMPROVEMENTS MUST CONFORM TO ICC BUILDING, PLUMBING, MECHANICAL, ENERGY CONSERVATION AND ELECTRIC CODES.

<p>III. A. PRINCIPAL TYPE OF FRAME</p> <input type="checkbox"/> Masonry (<i>wall bearing</i>) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other - <i>Specify</i> _____	<p>B. TYPE OF SEWAGE DISPOSAL</p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (<i>septic tank, etc.</i>)	<p>D. DIMENSIONS</p> <p>Number of stories _____</p> <p>Total sq. foot of improvement _____</p> <p>Total sq. feet of floor area, all floors, based on exterior dimensions _____</p> <p>Total land/lot area, sq. feet _____</p>
<p>OFFICE USE ONLY:</p> <p>Total additional sq. footage of new building/addition area: _____</p> <p>Date sent to Bucks County Board of Assessment Office: _____</p>	<p>C. TYPE OF WATER SUPPLY</p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (<i>well, cistern</i>)	<p>E. NUMBER OF OFF-STREET PARKING SPACES</p> <p>Enclosed _____</p> <p>Outdoors _____</p>

PERMIT NO.

STREET

ISSUE DATE:

V. IDENTIFICATION					
Name		Mailing address - Number, Street, City and State		ZIP Code	Tel. No.
1. Owner or Lessee					
2. Contractor				Tullytown License No.	
3. Architect or Engineer					
Signature of Contractor		Address			Application Date
Signature of Owner		Address			Date

FOR OFFICE USE - DO NOT WRITE BELOW THIS LINE

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS				
<i>Permit or Approval</i>	<i>Check</i>	<i>Date Obtained</i>	<i>Number</i>	<i>By</i>
BOILER				
CURB OR SIDEWALK CUT				
ELEVATOR				
ELECTRICAL				
FURNACE				
GRADING				
OIL BURNER				
PLUMBING				
ROOFING				
SEWER				
SIGN OR BILLBOARD				
STREET GRADES				
USE OF PUBLIC AREAS				
WRECKING				
OTHER _____				

VII. VALIDATION	
Permit Number _____	<p align="center">FOR DEPARTMENT USE ONLY</p> Construction Type _____ Use Group _____ Fire Separation _____ Live Loading _____ Occupancy Load _____
Permit Fees \$ _____	
Permit Issued _____ 20 _____	
Certificate of Occupancy # _____	
Plan Review Fee \$ _____	
Approved by: _____	

TITLE	

