

Classification: \_\_\_\_\_ Date Received: \_\_\_\_\_ Building Permit No #: \_\_\_\_\_

Classification Number: \_\_\_\_\_ Tax Parcel No. 54- \_\_\_\_\_

**APPLICATION FOR PLAN  
EXAMINATION AND  
BUILDING PERMIT**

Property Owners Signature: \_\_\_\_\_

*IMPORTANT – Applicant to complete all items in sections: I, II, III, & IV*

|  |  |
|--|--|
| <b>I.<br/>LOCATION<br/>OF<br/>BUILDING</b> | At (Location) _____ Zoning District _____<br><small>(No.) (Street)</small> |
|  | Between _____ and _____<br><small>(CROSS STREET) (CROSS STREET)</small>    |
|  | Subdivision _____ Lot _____ Block _____ Lot Size _____                     |

**II. TYPE AND COST OF BUILDING – ALL APPLICANTS COMPLETE PARTS A - D**

|  |  |  |  |
|--|--|--|--|
| <p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1. <input type="checkbox"/> New Building</p> <p>2. <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3. <input type="checkbox"/> Alteration (See 2 above)</p> <p>4. <input type="checkbox"/> Repair, replacement</p> <p>5. <input type="checkbox"/> Demolition</p> <p>6. <input type="checkbox"/> Moving (relocation)</p> <p>7. <input type="checkbox"/> Foundation only</p> | <p style="text-align:center;"><b>D. PROPOSED USE – For “Demolition” most recent use.</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black; padding: 5px;"> <p style="text-align:center;"><u>Residential</u></p> <p>12. <input type="checkbox"/> One family</p> <p>13. <input type="checkbox"/> Two or more – <i>Enter number of units</i> → _____</p> <p>14. <input type="checkbox"/> Transient hotel, motel, or dormitory – <i>Enter number of units</i> → _____</p> <p>15. <input type="checkbox"/> Accessory Structure</p> <p>16. <input type="checkbox"/> Swimming Pool</p> <p>17. <input type="checkbox"/> Other – <i>Specify:</i> _____</p> </td> <td style="width:50%; padding: 5px;"> <p style="text-align:center;"><u>Non-residential</u></p> <p>18. <input type="checkbox"/> Assembly [A]</p> <p>19. <input type="checkbox"/> Business [B]</p> <p>20. <input type="checkbox"/> Educational [C]</p> <p>21. <input type="checkbox"/> Factory [F]</p> <p>22. <input type="checkbox"/> Institutional [I]</p> <p>23. <input type="checkbox"/> Mercantile [M]</p> <p>24. <input type="checkbox"/> Residential [R]</p> <p>25. <input type="checkbox"/> Storage [S]</p> <p>26. <input type="checkbox"/> Utility [U]</p> <p>27. <input type="checkbox"/> High Hazard [H]</p> <p>28. <input type="checkbox"/> UST-AST</p> <p>29. <input type="checkbox"/> Other – <i>Specify</i> _____</p> </td> </tr> </table> | <p style="text-align:center;"><u>Residential</u></p> <p>12. <input type="checkbox"/> One family</p> <p>13. <input type="checkbox"/> Two or more – <i>Enter number of units</i> → _____</p> <p>14. <input type="checkbox"/> Transient hotel, motel, or dormitory – <i>Enter number of units</i> → _____</p> <p>15. <input type="checkbox"/> Accessory Structure</p> <p>16. <input type="checkbox"/> Swimming Pool</p> <p>17. <input type="checkbox"/> Other – <i>Specify:</i> _____</p> | <p style="text-align:center;"><u>Non-residential</u></p> <p>18. <input type="checkbox"/> Assembly [A]</p> <p>19. <input type="checkbox"/> Business [B]</p> <p>20. <input type="checkbox"/> Educational [C]</p> <p>21. <input type="checkbox"/> Factory [F]</p> <p>22. <input type="checkbox"/> Institutional [I]</p> <p>23. <input type="checkbox"/> Mercantile [M]</p> <p>24. <input type="checkbox"/> Residential [R]</p> <p>25. <input type="checkbox"/> Storage [S]</p> <p>26. <input type="checkbox"/> Utility [U]</p> <p>27. <input type="checkbox"/> High Hazard [H]</p> <p>28. <input type="checkbox"/> UST-AST</p> <p>29. <input type="checkbox"/> Other – <i>Specify</i> _____</p> |
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| <p><b>B. OWNERSHIP</b></p> <p>8. <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9. <input type="checkbox"/> Public (Federal, State, or local government)</p>   |  |  |  |
| <p><b>C. COST</b></p> <p>10. Cost of Improvement ..... \$ _____<br/>To be installed but not includes in the above cost</p> <p style="padding-left: 20px;">[a] Electrical ..... \$ _____</p> <p style="padding-left: 20px;">[b] Plumbing ..... \$ _____</p> <p style="padding-left: 20px;">[c] Heating, air conditioning ..... \$ _____</p> <p style="padding-left: 20px;">[d] Other (elevator, etc.) ..... \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENTS \$ _____</p>                       | <p style="text-align:center;">Nonresidential</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>   |  |  |

**III. SELECTED CHARACTERISTICS OF BUILDINGS – For new buildings and additions, complete Parts E – L; For demolition, complete only Part J, for all others skip to IV.**

|  |  |   |
|--|--|---|
| <p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>30. <input type="checkbox"/> Masonry (wall bearing)</p> <p>31. <input type="checkbox"/> Wood frame</p> <p>32. <input type="checkbox"/> Structural steel</p> <p>33. <input type="checkbox"/> Reinforced concrete</p> <p>34. <input type="checkbox"/> Other – <i>Specify</i> _____</p> | <p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40. <input type="checkbox"/> Public or private company</p> <p>41. <input type="checkbox"/> Private (septic tank, etc.)</p>   | <p><b>J. DIMENSIONS</b></p> <p>48. <input type="checkbox"/> Number of stories ..... _____</p> <p>49. <input type="checkbox"/> Total square feet of floor area, all floors, based on exterior dimensions ..... _____</p> <p>50. <input type="checkbox"/> Total land area, sq. ft. .... _____</p> |
| <p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35. <input type="checkbox"/> Gas</p> <p>36. <input type="checkbox"/> Oil</p> <p>37. <input type="checkbox"/> Electricity</p> <p>38. <input type="checkbox"/> Solar</p> <p>39. <input type="checkbox"/> Other – <i>Specify</i> _____</p>                                       | <p><b>H. TYPE OF WATER SUPPLY</b></p> <p>42. <input type="checkbox"/> Public or private company</p> <p>43. <input type="checkbox"/> Private (septic tank, etc.)</p>  | <p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51. Enclosed ..... _____</p> <p>52. Outdoors ..... _____</p>  |
|  | <p><b>I. TYPE OF MECHANICAL</b></p> <p style="text-align:center;">Will there be central air conditioning?</p> <p>44. <input type="checkbox"/> Yes      45. <input type="checkbox"/> No</p> <p style="text-align:center;">Will there be an elevator?</p> <p>46. <input type="checkbox"/> Yes      47. <input type="checkbox"/> No</p> | <p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53. Number of Bedrooms ..... _____</p> <p>54. Number of bathrooms</p> <p style="padding-left: 20px;">Full ..... _____</p> <p style="padding-left: 20px;">Partial ..... _____</p>   |

NO. \_\_\_\_\_ STREET \_\_\_\_\_

**NOTES AND DATA – (For Department Use)**

**IV. IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS**

| Name  | Mailing Address - Number, Street, City, and State | ZIP Code              | Tel. No..        |
|---|---|-----------------------|------------------|
| Owner or Lessee   |   |                       |                  |
|   |   |                       |                  |
| Contractor  |   | Builder's License No. |                  |
|   |   |                       |                  |
| Architect or Engineer   |   |                       |                  |
|   |   |                       |                  |
| I hereby certify 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 we agree to conform to all applicable laws of this jurisdiction. |   |                       |                  |
| Signature of Applicant  |   | Address               | Application Date |

DO NOT WRITE BELOW THIS LINE

**V. PLAN REVIEW RECORD – FOR OFFICE USE**

| Plans Review Required | Check | Plan Review Fee | Date Plans Started | By | Date Plans Approved | By | Notes |
|-----------------------|-------|-----------------|--------------------|----|---------------------|----|-------|
| BUILDING              |       | \$              |                    |    |                     |    |       |
| PLUMBING              |       | \$              |                    |    |                     |    |       |
| MECHANICAL            |       | \$              |                    |    |                     |    |       |
| ELECTRICAL            |       | \$              |                    |    |                     |    |       |
| OTHER                 |       | \$              |                    |    |                     |    |       |

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

| Permit or Approval | Check | Date Obtained | # | By | Permit or Approval     | Check | Date Obtained | # | By |
|--------------------|-------|---------------|---|----|------------------------|-------|---------------|---|----|
| BOILER (PA L&I)    |       |               |   |    | DEMOLITION             |       |               |   |    |
| ROAD OCCUPANCY     |       |               |   |    | PA DOT                 |       |               |   |    |
| ELEVATOR (PA L&I)  |       |               |   |    | SEWER – PUBLIC         |       |               |   |    |
| UTILITY            |       |               |   |    | WT HISTORIC            |       |               |   |    |
| ZONING             |       |               |   |    | WT CONSER.TRUST        |       |               |   |    |
| NPDES              |       |               |   |    | BRANDYWINE CONS. TRUST |       |               |   |    |
| S&E                |       |               |   |    | NATIONAL LAND TRUST    |       |               |   |    |
| ACT 167            |       |               |   |    | CC HEALTH DEPT.        |       |               |   |    |

**VII. VALIDATION**

Building Permit Number: \_\_\_\_\_  
 Building Permit Issued: \_\_\_\_\_  
 Building Permit Fee: \$ \_\_\_\_\_  
 Certificate of Occupancy: \_\_\_\_\_  
 Plan Review Fee: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

| FOR DEPARTMENT USE ONLY |       |
|-------------------------|-------|
| USE GROUP               | _____ |
| FIRE GRADING            | _____ |
| LIVE LOADING            | _____ |
| OCCUPANCY LOAD          | _____ |

**VIII. ZONING PLAN EXAMINERS NOTES**

|                          |                    |
|--------------------------|--------------------|
| DISTRICT:                |                    |
| USE:                     |                    |
| FRONT YARD:              |                    |
| SIDE YARD:               | SIDE YARD:         |
| REAR YARD:               |                    |
| OFF STREET PARKING REQ.: | PROVIDED:          |
| SIGNS; NUMBER:           | SIZE OF EACH SIGN: |
|                          |                    |

**IX. PROJECT DOCUMENTS-OFFICE USE ONLY**

| TYPE DRAWING/REPORT                 | SUBMITTED  | SIGNED AND SEALED  | DATE | REVISION DATE |
|-------------------------------------|--|--|------|---------------|
| <b>Site Plan</b>                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Soil Report</b>                  | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Architectural Drawings</b>       | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Structural Drawings</b>          | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Mechanical Drawings</b>          | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Electrical Drawings</b>          | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Job Specifications</b>           | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Structural Connect. Drawings</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Structural Calculations</b>      | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Special Inspection Data</b>      | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Sprinkler Drawings</b>           | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |
| <b>Sprinkler Calculations</b>       | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |      |               |

**X. DATA ENTRY**

|                              |
|------------------------------|
| <b>Application Received:</b> |
| <b>By:</b>                   |
| <b>Application Received:</b> |
| <b>By:</b>                   |
| <b>Data Entry:</b>           |
| <b>By:</b>                   |