



RESIDENTIAL REMODEL / REPAIR

A. Applicant: Applicant is:  Owner  Authorized agent of owner

Name / Co. Phone
Email/Fax

Street address Suite City State Zip

B. Property information:

Street address Suite Parcel ID. Lot No.

City State Zip Plan / Bldg. Name

C. Purpose of the application: Check all that apply

- Remodel / Renovation  New electric service  Change of egress (Doors, stairs)  Structural upgrades  Other

Description of work (Attach project scope)

D. Contractor information:

Name / Co. Phone
Email/Fax

Street address Suite City State Zip

Area of work (sq.ft.) No. stories or levels Project value est. \$

F. Declaration of applicant

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED ABOVE ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AND HEREBY APPLY FOR A BUILDING PERMIT TO PERFORM THE WORK ON THE PREMISES AS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT I MUST COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES AS ADOPTED BY THE TOWNSHIP AND THE UNIFIED CONSTRUCTION CODE OF PENNSYLVANIA.

Signature of applicant

Date

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Plan Review No. \_\_\_\_\_

Permit not required \_\_\_\_\_

Permit No. \_\_\_\_\_

BCO