

Building Permit Application Check List

Applicant: Please furnish the following information and/or papers where applicable.

**Notice: 1. Reviewing Time - Fifteen (15) Business Days for Residential
- Thirty (30) Business Days for Commercial**

2. Permit becomes invalid if construction has not begun within 180 days of permit issuance, or construction is suspended or abandoned for 180 days after work has commenced.

- 1. Is the application filled out completely and signed? (Applications that are not filled out **completely** will be denied and returned)
- 2. Is there a plot plan that shows all setback dimensions, lot lines, existing structures, and the legal right-of-way? (Plot plan shall be dimensioned or to scale)
- 3. Are there two (2) sets of working plans or blue prints?
- 4. If this is a new structure, do you have a highway occupancy permit?
- 5. If plumbing is involved, did you get a plumbing permit?
- 6. If a mechanical system is involved, did you get a mechanical permit?
- 7. If electrical is involved, did you get an electrical permit?
- 8. If a new structure, what type of sewer and water systems are involved?

BOROUGH OF BIRDSBORO BUILDING PERMIT APPLICATION

202 EAST MAIN STREET
BIRDSBORO, PA 19508
610-582-6030 (PHONE)
610-582-6039 (FAX)

BOROUGH USE ONLY			
Date Issued:	/ /	Permit #:	Approved By:
Permit Fee:	\$	Date Stamp When Received:	
State Surcharge:	\$4.00		
Other Fee:	\$		
Total Fees:	\$		

I. PERMIT TYPE	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial

II. TYPE OF WORK OR IMPROVEMENT	
<input type="checkbox"/> New Home <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Pool	
<input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Demolition <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Other _____	
Description of Work:	
Total Cost: \$	

III. LOCATION OF JOB	
Site Street Address:	
Cross Streets:	and
Subdivision Name:	Lot #:
Property ID No.	Zoning District:
Lot Size (sq. ft.):	

IV. OWNER	
Name:	Phone #: - -
Street Address:	City, State, Zip:

V. APPLICANT	
CHECK IF: <input type="checkbox"/> SAME AS OWNER	
Name:	Phone #: - -
Street Address:	Fax #: - -
City, State, Zip:	

VI. CONTRACTOR		CHECK IF: <input type="checkbox"/> SAME AS OWNER <input type="checkbox"/> AS APPLICANT	
Name:		Phone #: - -	
Street Address:		Fax #: - -	
City, State, Zip:			

VII. SITE INFORMATION			
Water Service: <input type="checkbox"/> Public <input type="checkbox"/> Private		Sewer Service: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Fuel Service: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other (List)			

VIII. BUILDING INFORMATION	
Building Code Use Group:	Specific Use:
Change In Use: <input type="checkbox"/> Yes <input type="checkbox"/> No - If YES, What was the former use?	
Existing Bldg. Area Sq. Ft.:	Proposed Bldg. Area Sq. Ft.:
Total Bldg. Area Sq. Ft.:	
Height of Structure Above Grade:	Number of Stories:
Maximum Occupancy Load (Commercial Applications Only):	
Maximum Live Load (Commercial Applications Only):	
Is Building Equipped with an Automatic Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Building Equipped with an Automatic Fire Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IX. Plot Plan
The applicant shall include a scaled or dimensioned plot plan showing lot lines, existing structures, any easements, restricted features, the proposed improvement, and distances of the proposed improvement to the property lines. (See Page 4)

X. Workers' Compensation Insurance Coverage Information	
The applicant is: The owner of the Property? <input type="checkbox"/> Yes (if yes, GO TO BOX A) <input type="checkbox"/> No (if no, GO TO BOX B)	
BOX A. SIGN HERE & GO TO SECTION XIII:	
BOX B. CONTINUE FILLING OUT SECTION XI:	
The applicant is: A Contractor within the meaning of the Pennsylvania Workers' Compensation Law?	
<input type="checkbox"/> Yes (if yes, GO TO BOX D)	<input type="checkbox"/> No (if no, GO TO BOX C)
BOX C. SIGN HERE & GO TO SECTION XII:	
BOX D. CONTINUE FILLING OUT SETION XI., THEN GO TO SECTION XIII.	
Name of Applicant:	Federal or State Employer ID #:
Workers' Compensation Insurance Company (Must Attach Certificate):	
Policy #:	Expiration Date:

XI. WORKERS' COMPENSATION EXEMPTION

THIS SECTION SHALL BE COMPLETED BY A NOTARY PUBLIC

COMPLETE IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM COMPENSATION INSURANCE.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.
- Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____ 20____.

(Seal)

(Signature of Notary Public)

My commission expires: _____

Applicant Signature _____

Address _____

County of _____

Municipality of _____

XII. APPLICANT SIGNATURE

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS AOPPLICATION IS TRUE AND CORRECT AND THAT THE PROPOSED WORK AS OUTLINED WILL CONFORM TO THE STANDARDS OF THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE AND ALL OTHER APPLICABLE BOROUGH ORDINANCES AND/OR REGULATIONS. FUTHERMORE I HERERBY 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/HER AUTHORIZED AGENT.

Applicant Name (print): _____

Aplicant Signature: _____

Date: ____/____/____

DRAW PLOT PLAN HERE OR ATTACH DRAWING