

Lowhill Township

7000 Herber Road
New Tripoli, PA 18066
610-298-2641

**** OFFICE USE ONLY ****

Date Received: _____
Permit No.: _____
BIA Project No.: _____
Total Permit Fee: _____

APPLICATION FOR BUILDING/ZONING PERMIT

I. PROPERTY INFORMATION

Municipality:	Lot Size:	(Acres)	District:
Proposed Work Site Address:	Tax Parcel ID:		
Proposed Building Setbacks:	(From Center of Road)	(From Center of Road if Corner)	
Front:	_____	Right Side:	_____
Rear:	_____	Left Side:	_____
Square Footage of Earth Disturbance _____			

Plot Plan – Outline the shape of the building lot, show dimensions, and locate North point. Outline Bldg. to be constructed, designate of the Bldgs. on the same plot, show dimensions, show setback of front yard, rear yard & side yards, and locate water well, sanitary system & driveway.

II. CONTACT INFORMATION

Applicant Name:	email:		
Mailing Address:	City:	State:	Zip:
Phone:	Phone:	Fax:	
Property Owner:	email:		
Mailing Address:	City:	State:	Zip:
Phone:	Phone:	Fax:	
Contractor:	PA License:	Insurance:	
Person in Charge of Work:	email:		
Mailing Address:	<input type="checkbox"/> City:	State:	Zip:
Phone:		Fax:	

III. APPLICATION TYPE

<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential
<input type="checkbox"/> One-Family	Change of Use <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Manufactured	Existing Use:
	Proposed Use:

IV. PROPOSED CONSTRUCTION

New Building	<input type="checkbox"/> Swimming Pool/ Hot Tub	<input type="checkbox"/> Fire Suppression
Addition	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electric Service
Deck	<input type="checkbox"/> Electrical	(Complete Sec. VII)

V. CONSTRUCTION DATA

No. Stories Above Grade:	Basement: <input type="checkbox"/> Y <input type="checkbox"/> N
Construction Sq. Ft:	
Total Cost of Construction: \$	

VI. OTHER PERMITS

Mechanical \$	Type of Heat:
Electrical \$	No. of Devices:
Plumbing \$	No. of Fixtures:

VII. ELECTRIC SERVICE

<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential	New Service	<input type="checkbox"/> Upgrade Existing	<input type="checkbox"/> Other:
<input type="checkbox"/> PPL	<input type="checkbox"/> MET ED	<input type="checkbox"/> Other	Work Permit No.:	<input type="checkbox"/> Overhead
Meter No.:	Phase:	Voltage:	Amps:	<input type="checkbox"/> Underground

VIII. DESCRIPTION OF WORK

# of Bedrooms:	# of Bathrooms:	# of Kitchens:	# of Garages:
Size of Structure:	Length:	Width:	Height:
			Depth (if applicable):

IX. APPLICANT'S CERTIFICATION

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.
2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official.
4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405. (if applicable)
5. Any changes to the approved documents will be filed with the Building Code Official.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official.
7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.
8. Filing and review fees are non-refundable. Refunds of actual permit fees are subject to approval from the Board of Supervisors.

Applicant / Owner Signature:

Date:

***(2) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL APPLICATIONS.*
ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION**

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APPROVED PERMITS	PROJECT DATA	
Zoning Permit No:	Use Group:	Code Edition:
NPDES Permit No.:	Construction Type:	Fire Sprinkler: <input type="checkbox"/> Y <input type="checkbox"/> N
Sewage Permit No.:		

Permit No.:	Zoning Officer:
Approval Date:	Approval Date:
Approved by:	<input type="checkbox"/> Special Exception <input type="checkbox"/> Variance
Comments:	Comments:

Building:	Electrical:	Mechanical:	Plumbing:
Filing:	Filing:	Filing:	Filing:
Review:	Permit:	Permit:	Permit:
State:	State:	State:	State: