

**LOWER POTTS GROVE TOWNSHIP
APPLICATION FOR PLAN EXAMINATION AND
BUILDING PERMIT**

APPLICANT'S SIGNATURE

Acp. Date / /	Type <input type="checkbox"/> Electrical (E) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Building (B) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O)	Is Owner Applicant (Y/N)
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Property Information

Number	Dir.	Street Name	Type	Zip	Parcel Number	Zoning
Subdivision			Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)		

Owner Information

First Name			Last Name or Business Name			Phone	
Number	Dir.	Street Name	Type	City	State	Zip	

Contractors Licensing Information

	Name of Contractor	Township or State Registration number	Contractor's Phone Number	Fax No.
Applicant (Not Owner)				
Architect				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

----- Do Not Write Below This Line -----

Application Received: / /
By:
Application Received: / /
By:
BPMS Entry: / /
By:

Building Permit Application

Improvement Type: <input type="checkbox"/> New Construction (1) <input type="checkbox"/> Addition (2) <input type="checkbox"/> Alteration (3) <input type="checkbox"/> Repair Replacement (4) <input type="checkbox"/> Demolition (5) <input type="checkbox"/> Relocation (6) <input type="checkbox"/> Foundation Only (7)	Proposed Use: Assembly <input type="checkbox"/> Theatre (1) <input type="checkbox"/> Night Club (2) <input type="checkbox"/> Restaurant (3) Other Assembly <input type="checkbox"/> Church <input type="checkbox"/> Business <input type="checkbox"/> Educational (Grades 1-12) (6) <input type="checkbox"/> Day Care Facility (7) <input type="checkbox"/> Post High School (8) Factory <input type="checkbox"/> Moderate Hazard (9) <input type="checkbox"/> Low Hazard (10) <input type="checkbox"/> High Hazard (11)	Institutional <input type="checkbox"/> Group Home (12) <input type="checkbox"/> Hospital (13) <input type="checkbox"/> Jail (14) <input type="checkbox"/> Mercantile (15) Residential <input type="checkbox"/> Hotel, Motel (16) <input type="checkbox"/> Multi-Family (17) <input type="checkbox"/> One or Two Family (18) <input type="checkbox"/> One or Two Family (CABO) (21/19) Storage <input type="checkbox"/> Moderate Hazard (22) <input type="checkbox"/> Low Hazard (23)	<input type="checkbox"/> Other (24) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Frame Type (Check One Only)

Steel (1)	Masonry (2)	Concrete (3)	Wood (4)	Other (5)
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Exterior Walls (Check One Only)

Steel (1)	Masonry (2)	Concrete (3)	Wood (4)	Other (5)
	No. Feet		No. of	Sq. Ft.
Frontage		Stories		Lot Area
Front Setback		Bedrooms		Building Area
Rear Setback		Full Baths		Parking Area
Left Setback		Partial Baths		Living Area
Right Setback		Garages		Basement Area
Elevation		Windows		Garage Area
		Fire Places		Office/ Sales
		Enclosed Parking		Service
		Outside Parking		Manufacturing
Est. Start / /		Est. Finish / /		Est. Value \$

Electrical Permit Application

Total Service ____ AMPS	Number of Circuits: ____ 2 WIRE ____ 3 WIRE ____ 4 WIRE	Number of Service Outlets: ____ 110V ____ 220V			
	POWER DEVICES	OUTPUT/LOAD		POWER DEVICES	OUTPUT/LOAD
1			7		
2			8		
3			9		
4			10		
5					
6			Total Number of Motors		
Service Revisions:					
Est. Start / /		Est. Finish / /		Est. Value \$	

Plumbing Permit Application

Enter the Number of Fixtures Being Installed or Replaced

Tubs/Showers		Drinking Fountains		Back Flow Preventors	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Other	
Dishwashers		Bidets		Fire Sprinklers (Y/N)	
Garbage Disposals				Lawn Sprinklers (Y/N)	
				TOTAL FIXTURES	

		Public Water (Y/N)		Public Sewer (Y/N)	
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Water Service Size _____ IN.	Water Meter Size _____ IN.	Avg. Daily Water Use _____ GPD
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Est. Start / /	Est. Finish / /	Est. Value \$
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Mechanical Permit Application

Enter Number of New or Replacement Units

Forced Air Furnaces		Incinerators		Air Handling Units	
Unit Heaters		Boilers		Heat Pumps	
Gas/ Oil Conversions		Coil Units		Air Cleaners	
Space Heaters		Window A/C Units		Humidifiers	
Gravity Furnaces		Split System A/C		Dehumidifiers	
Coal Stokers		A/C Compressors		Other	

Service Revisions:

Type of Heating Fuel:
 (Check One) Gas (1) Oil (2) Coal (3) Wood (4) Other (5)

Est. Start / /	Est. Finish / /	Est. Value \$
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Other Permit Application

Permit Type:

Description of Work:

Est. Start / /	Est. Finish / /	Est. Value \$
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----- DO NOT WRITE BELOW THIS LINE -----

V. PLAN REVIEW RECORD – <i>For office use</i>							
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	Number	By
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	
Building Permit Number _____ Building Permit Issued _____ 20__ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Plan Review Fee \$ _____ Total Fee \$ _____	<p align="right"><u>For Department Use Only</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____ Approved by: _____ _____ TITLE