



LOWER POTTS GROVE TOWNSHIP

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RESIDENTIAL BUILDING PERMIT APPLICATION

PROPERTY INFORMATION:

Property Address: _____

Tax Parcel Number: 42-00-_____

Owner Name: _____ Phone: _____

Email: _____ Zoning District: _____

CONTRACTOR INFORMATION: *if owner is completing work please write "self" for contractor information).*

Name: _____ Phone: _____

Address: _____

Email Address: _____

HIC Number: _____ Certificate of insurance attached: _____

CALL WHEN PERMIT IS COMPLETE: **Owner** **Contractor**

TYPE OF WORK: Building Plumbing Mechanical Electrical Other
Check all that apply above

PROJECT DESCRIPTION:

Est. Starting date: _____ **Est. Completion date:** _____ **Total Cost of Project \$** _____

Building \$ _____ **Plumbing \$** _____ **Mechanical \$** _____ **Electrical \$** _____

SKETCH OR PLANS MUST BE PROVIDED

All application forms must be submitted to the Township Office prior to the start of any construction. Applicant in signing this form certifies that all information provided herein and in any other supporting documentation is accurate and he/she intends to comply with applicable ordinances. Township staff will review the application form and reserves the right to request more information if necessary. I certify the code enforcement officer or the code enforcement officer's administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. Please sign below.

Applicants Signature: _____ Date: _____

OFFICIAL USE ONLY

Fees Paid: Check # _____ Amount: _____ Date: _____ Received by: _____
Code Enforcement Approval _____

**PLEASE NOTE THAT CODE ENFORCEMENT HAS UP TO:
15 BUSINESS DAYS TO PROCESS RESIDENTIAL PERMIT APPLICATIONS
30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPLICATIONS**