



LOWER POTTS GROVE TOWNSHIP

2199 Buchert Road, Pottstown, PA 19464 610-323-0436 Fax: 610-323-3824
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LONG FORM PERMIT APPLICATION

PROPERTY INFORMATION:

Property Address: _____

Tax Parcel Number: 42-00-_____

Owner Name: _____ Phone: _____

Email: _____ Zoning District: _____

GENERAL CONTRACTOR INFORMATION:

Name: _____ Phone: _____

Address: _____

Email Address: _____

HIC Number: _____ Certificate of insurance attached: _____

CALL WHEN PERMIT IS COMPLETE: Owner General 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 \$** _____

3 SETS OF 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

Code Enforcement Approval _____

15 BUSINESS DAYS TO PROCESS RESIDENTIAL PERMIT APPLICATIONS
30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPLICATIONS

*ALL COMMERCIAL CONTRACTORS NEED TO REGISTER WITH THE TOWNSHIP,
INCLUDING SUBCONTRACTORS*

SUBCONTRACTORS	SUBCONTRACTOR'S COMPANY NAME & ADDRESS	SUBCONTRACTOR'S PHONE NUMBER	PA HIC NUMBER
ARCHITECT			
EXCAVATION			
CONCRETE			
CARPENTRY			
ELECTRICAL			
PLUMBING			
SEWER			
MECHANICAL			
ROOFING			
MASONRY			
DRYWALL OR LATHING			
SPRINKLER			
PAVING			
FIRE ALARM			

CERTIFICATE OF INSURANCE IS NEEDED FOR ALL SUBCONTRACTORS

BUILDING

IMPROVEMENT TYPE:

* New Construction * Addition * Alteration * Repair Replacement
* Relocation * Foundation Only * Demolition

FRAME TYPE *Check One Only*

Steel	Masonry	Concrete	Wood	Other
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EXTERIOR WALLS *Check One Only*

Steel	Masonry	Concrete	Wood	Other
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SETBACKS	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

TOTAL BUILDING COST: \$

ELECTRICAL

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			5		
2			6		
3			8		
4			9		
Total Number of Monitors:					
Service Revisions:					
TOTAL ELECTRIC COSTS: \$					

PLUMBING

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 _____	Public Sewer _____
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TOTAL PLUMBING COSTS: \$

MECHANICAL

Enter Number of New or Replacement Units

Forced Air Furnace	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: * Gas * Oil * Coal * Wood * Other			

TOTAL MECHANICAL COSTS: \$

OTHER (sprinkler, sign etc.)

Permit Type:
Description of Work:
TOTAL COST: