

MUNICIPALITY _____ COUNTY _____



Residential Building Permit Application

TRACKING # _____ PERMIT # _____ DATE: _____
By Inspector By Borough

Property Pin #: _____ Electric Job #: _____

Builder/Contractor/Applicant Name: _____

Address: _____
Street # Street Name City State Zip

Workman's Compensation Policy #: _____

Phone Numbers: _____
Office Cell Fax

Owner's Name: _____

Property Address: _____
Street # Street Name City State Zip

Phone Number(s): _____
Office Cell Fax

Application for: _____
Examples: new house, garage, in-ground pool

Usage: Residential Other: _____

Electrical Utility Job Number: _____

Square Footages:

Basement: _____ Crawl Space: _____ Garage: _____

First Floor: _____ Second Floor: _____ Third Floor: _____

Patio: _____ Deck: _____ Shed: _____

MUST BE POSTED ON JOB SITE AT ALL TIMES

An approved set of plans must be on site for every inspection or no inspections will be performed.

All inspections as per Act 45 of the UCC.

Applicant Name: _____
Print and Sign