



1130 N. Bethlehem Pike
Spring House, PA 19477
215.646.5302 (p) 215.646.3357 (f)

APPLICATION FOR PERMIT

(All below relevant fields must be filled out prior to submission)

Parcel Information (must be filled out for all work):

Address of work to be performed: _____

Property Type: ☐ Residential ☐ Commercial Zoning District: _____

Parcel Owner Name: _____

(copy of signed contract must be included with submission)

Parcel Owner Address: (if different than address listed above)

_____ Parcel Owner Phone: _____

Parcel Owner Email: _____

Contractor Information (current COI is required with each submission):

Business Name: _____ Contractor Name: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Email: _____

HIC PA License #(residential work): PA _____ LGT Contractor License # (commercial work): C- _____

Architect/Engineer information:

Name: _____

Phone: _____ Email: _____

Building Application

Type of construction (check off all that apply):

- | | |
|---|--|
| <input type="checkbox"/> New Construction (new homes require separate breakdown sheet of sq. footage of each level/patio/deck/garage/attic or crawl spaces) | |
| <input type="checkbox"/> Pre-Submission Plan Review (Commercial) | <input type="checkbox"/> Pre- Submission Plan Review (Single Family Residential) |
| <input type="checkbox"/> Kitchen Alteration | <input type="checkbox"/> Oil Tank |
| <input type="checkbox"/> Reroof Commercial | <input type="checkbox"/> Reroof Residential (required only if sheathing is being replaced) |
| <input type="checkbox"/> Alteration/Addition | <input type="checkbox"/> Sheds (over 200 sf) |
| <input type="checkbox"/> Antenna/Cell Tower | <input type="checkbox"/> Solar Panels |
| <input type="checkbox"/> Accessory Structures (decks, garages, porches, pavilions etc..) | |
| <input type="checkbox"/> Bathroom Remodel | <input type="checkbox"/> Swimming Pools, Tennis/Basketball Courts/Other Recreational Uses |
| <input type="checkbox"/> Demolition (SEE ATTACHED REQUIREMENT LIST) | <input type="checkbox"/> Storage Tank |
| <input type="checkbox"/> Gas Fireplace | <input type="checkbox"/> Stucco/Siding |
| <input type="checkbox"/> Generator (see generator requirement sheet) | <input type="checkbox"/> Tenant Fit-Out |
| <input type="checkbox"/> Interior Renovation (attach worklist) | <input type="checkbox"/> Tents (open sides > 700 sf / closed sides > 400 sf) |

Sq. footage of work to be performed: _____ Cost of work: \$ _____

Type of Sewage: ☐ Public/Private ☐ Individual (septic tank etc.) Type of Water Supply: ☐ Public/Private ☐ Well

Automatic Fire Sprinkler System Installed ☐ Yes ☐ No Fire Alarm ☐ Yes ☐ No

Proposed Number of Employees: _____ Proposed Parking Spaces: _____

Description of work: _____

Approved By BCO: _____ Date: _____

Zoning Officer's Signature: _____ Date: _____ LGT PERMIT # _____