



UPPER CHICHESTER TOWNSHIP

License and Inspection Department
www.upperchichester.org

Phone: 610-485-5719

Fax: 610-485-3615

PHYSICAL (GPS) ADDRESS:
8500 Furey Road
Upper Chichester, PA 19014

MAILING ADDRESS:
PO Box 2187
Upper Chichester, PA 19061

BUILDING PERMIT APPLICATION

Property Information (location where work is being performed)

Property Owner

Property Street Address (City, State, Zip, Apt/Suite#)

Business Name (If Applicable)

Phone

Email

Cost of Construction \$ _____

Please provide the cost of construction for the building portion of this project only.

TYPE OF IMPROVEMENT

___ New Building/Construction

___ Addition

___ Pool

___ Deck

___ Alteration

___ Repair, Replacement

___ Porch

___ Demolition

___ Other _____

PROPOSED USE:

Residential

___ One or Two Family

___ Two or More Family: # Units _____

___ Garage

___ Other _____

Non-Residential

___ Amusement, Recreational

___ Church, Other Religious

___ School, Library, Educational

___ Parking Garage

___ Service Station

___ Hospital, Institutional

___ Office, Bank, Professional

___ Public Utility

___ Stores, Mercantile

___ Industrial

___ Tanks, Towers

___ Other: _____

SELECTED CHARACTERISTICS OF BUILDING

Principal Type of Frame

___ Masonry (wall bearing)

___ Wood Frame

___ Structural Steel

___ Reinforced Concrete

___ Manufactured Dwelling

___ Other: _____

Dimensions

1. Number of Stories _____

2. Total Square Feet of Floor Area, all floors, based on exterior dimensions _____

3. Total Land Area, sq. ft. _____

** If area exceeds 1,000 sq. ft. of impervious surface area, grading and escrow are required.**

*****Call 811 or visit www.call811.com BEFORE YOU DIG*****

DESCRIPTION OF WORK. Please attach drawing or plan.

APPLICANT, PLEASE CIRCLE: OWNER CONTRACTOR OTHER _____

PROPERTY OWNER	NAME	PHONE	EMAIL	
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite #)			
CONTRACTOR	NAME	PHONE	PA LICENSE #	EMAIL
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite #)			
ARCHITECT OR ENGINEER	NAME	PHONE	EMAIL	
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite #)			

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD, THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE, AND FEDERAL LEGISLATION. Please provide signed contract between contractor and owner of property, if property owner is not the party signing this form.

Signature	Date
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Checklist for Permit Application

Permit Application-- all sections complete 2 Sets of Plans Check or Cash
 Contractor's Certificate of Insurance with Upper Chichester listed as the certificate holder
 Contractor License application if work is New Construction or Commercial with \$150.00 fee

Township Use Only: INITIALS _____

FOLIO: _____

AMOUNT: _____

CHECK NUMBER _____ CASH

Is this site located within an identified flood hazard area?

YES NO

Building Code Official Use Only:

APPROVED DENIED

SIGNATURE: _____

DATE: _____

SEE PERMIT FOR COMMENTS.

Township Use Only:

Township Flood Plain Administrator Signature: _____

Date: _____

PLEASE SEE ATTACHED INFORMATION