

UPPER CHICHESTER TOWNSHIP

License & Inspections Department

Ph: 610.485.5719

www.upperchichester.org

Fax: 610.485.3615

Mailing Address:

P.O. BOX 2187

Upper Chichester, PA 19061

Physical Address:

8500 Furey Rd.

Aston, PA 19014

BUILDING PERMIT APPLICATION

PROPERTY OWNER AND BUILDING INFORMATION (location where work is being performed)

Property Owner or Business Name		Phone	
Street Address		Apt	Zip
Subdivision		Lot Number	Parcel Type
		<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____

**** COST OF CONSTRUCTION \$ _____ ****

TYPE OF IMPROVEMENT

- 1 New Building
- 2 Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 10)
- 3 Alteration (See 2 above)
- 4 Repair, Replacement
- 5 Pool
- 6 Decks
- 7 Porch
- 8 Demolition
- 9 Other _____

OWNERSHIP

- 10 Private
(Individual, Corporation, Non-profit Institution, etc.)
- 11 Public
(Federal, State, or Local Government)

PROPOSED USE - For "Wrecking" most recent use

Residential

- 12 One or Two Family
- 13 Two or More Family
Enter Number of Units _____
- 14 Garage
- 15 Other - *Specify*

Non-Residential

- 16 Amusement, Recreational
- 17 Church, Other Religious
- 18 Industrial
- 19 Parking Garage
- 20 Service Station, Repair Garage
- 21 Hospital, Institutional
- 22 Office, Bank, Professional

- 23 Public Utility
- 24 School, Library, Educational
- 25 Stores, Mercantile
- 26 Tanks, Towers
- 27 Other - *Specify*

SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME

- 28 Masonry (wall bearing)
- 29 Wood Frame
- 30 Structural Steel
- 31 Reinforced Concrete
- 32 Other - *Specify*

DIMENSIONS

- 33 Number of Stories _____
- 34 Total square feet of floor area,
all floors, based on
exterior dimensions _____
- 34 Total Land Area, sq. ft. _____

****CALL 811 OR VISIT www.call811.com BEFORE YOU DIG****

DESCRIPTION OF WORK - (All trades)

IDENTIFICATION - To be completed by all applicants

Applicant	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Other: _____		
	Name		Mailing Address
	Phone No.		

Contractor	Name		Mailing Address	PA License No.
	Phone No.			

Architect or Engineer	Name		Mailing Address
	Phone No.		

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 authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Application Date
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VALIDATION - To be completed by BUILDING CODE OFFICIAL

Approved By:

Title: _____

Date Permit Issued _____ 20 _____