

MUNICIPALITYaaaaaaaaaaaaaaaaaaaaaa'COUNTYaaaaaaaaaaaaa



Residential Building Permit Application

Tracking # _____ Permit# _____ Date: _____
By inspector By Borough

Property Pin # _____ Electric Job # _____
By owner/contractor By contractor

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 Lot #

Phone Numbers: _____

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