



WEST POTTS GROVE TOWNSHIP

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BUILDING PERMIT APPLICATION – LONG FORM

PROPERTY INFORMATION:

Property Address: _____
Tax Parcel Number: 64-00-_____
Owner Name: _____ Phone: _____
Email: _____ Zoning District: _____

GENERAL CONTRACTOR INFORMATION:

Name: _____ Phone: _____
Address: _____
Email Address: _____
HIC Number: _____ Exp. Date: _____ Certificate of insurance attached: _____

CALL WHEN PERMIT IS COMPLETE: ☐ Owner ☐ General Contractor

TYPE OF WORK: ☐ Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Other

PROJECT DESCRIPTION: Check all that apply above

Est. Starting date: _____ **Est. Completion date:** _____ **Total Cost of Project \$** _____

3 SETS OF PLANS MUST BE PROVIDED (*Plus an electronic file*)

All application forms must be submitted to the Township Office prior to the start of any construction. The applicant in signing this form certifies that all information provided herein and in any other supporting documentation is accurate and he/she intends to comply with applicable ordinances. Township staff will review the application form and reserve the right to request more information if necessary. I certify the code enforcement officer, or the code enforcement officer's administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. Please sign below.

Applicants Signature: _____ **Date:** _____

OFFICIAL USE ONLY

Fees Paid: Check # _____ Amount: _____ Date: _____ Received by: _____
Code Enforcement Approval _____

15 BUSINESS DAYS TO PROCESS RESIDENTIAL PERMIT APPLICATIONS
30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPLICATIONS

*ALL COMMERCIAL CONTRACTORS NEED TO REGISTER WITH THE TOWNSHIP,
INCLUDING SUBCONTRACTORS*

SUBCONTRACTORS	SUBCONTRACTOR'S COMPANY NAME & ADDRESS	SUBCONTRACTOR'S PHONE NUMBER	PA HIC NUMBER
ARCHITECT			
EXCAVATION			
CONCRETE			
CARPENTRY			
ELECTRICAL			
PLUMBING			
SEWER			
MECHANICAL			
ROOFING			
MASONRY			
DRYWALL OR LATHING			
SPRINKLER			
PAVING			
FIRE ALARM			

CERTIFICATE OF INSURANCE IS NEEDED FOR ALL SUBCONTRACTORS

BUILDING IMPROVEMENT TYPE:

* New Construction * Addition * Alteration * Repair Replacement

* Relocation * Foundation Only * Demolition

FRAME TYPE *Check One Only*

Steel	Masonry	Concrete	Wood	Other
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EXTERIOR WALLS *Check One Only*

Steel	Masonry	Concrete	Wood	Other
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SETBACKS	NO. FEET		NO. OF		SQ. FT.
Frontage		Stories		Lot Area	
Front Setback		Bedrooms		Building Area	
Rear Setback		Full Baths		Parking Area	
Left Setback		Partial Baths		Living Area	
Right Setback		Garages		Basement Area	
Elevation		Windows		Garage Area	
		Fireplaces		Office/ Sales	
		Enclosed Parking		Service	
		Outside Parking		Manufacturing	

TOTAL BUILDING COST: \$**ELECTRICAL**

TOTAL SERVICE: _____AMPS		NUMBER OF CIRCUITS: ____2 WIRE____3 WIRE____4 WIRE		NUMBER OF SERVICE OUTLETS:___110V_220V	
	POWER DEVICES	OUTPUT/LOAD		POWER DEVICES	OUTPUT/LOAD
1			5		
2			6		
3			8		
4			9		
Total Number of Monitors:					
Service Revisions:					
TOTAL ELECTRIC COSTS: \$					

PLUMBING

Enter the Number of Fixtures Being Installed or Replaced

Tubs/Showers		Drinking Fountains		Back Flow Preventors	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Other	
Dishwashers		Bidets		Fire Sprinklers (Y/N)	
Garbage Disposals				Lawn Sprinklers (Y/N)	
				TOTAL FIXTURES	

Public Water _____	Public Sewer _____
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TOTAL PLUMBING COSTS: \$

MECHANICAL

Enter Number of New or Replacement Units

Forced Air Furnace		Incinerators		Air Handling Units	
Unit Heaters		Boilers		Heat Pumps	
Gas/ Oil Conversions		Coil Units		Air Cleaners	
Space Heaters		Window A/C Units		Humidifiers	
Gravity Furnaces		Split System A/C		Dehumidifiers	
Coal Stokers		A/C Compressors		Other	
Service Revisions:					
Type of Heating Fuel: * Gas * Oil * Coal * Wood * Other					

TOTAL MECHANICAL COSTS: \$

OTHER (sprinkler, sign etc.)

Permit Type:
Description of Work:
TOTAL COST: