WEST POTTSGROVE TOWNSHIP



980 Grosstown Rd Stowe PA 19464 Phone No.: 610-323-7717 Fax No.: 610-323-4124 Email: <u>info@westpottsgrove.org</u> Website: westpottsgrove.org



RESIDENTIAL BUILDING PERMIT APPLICATION

(**Two paper copies & one electronic copy must be submitted w/Application**)

PROPERTY INFO	RMATION:		
Property Address:			
		Phone:	
		Zoning District:	
CONTRACTOR IN	FORMATION: if own	er is completing work please write "self" for contractor information).	
Name:		Phone:	
		Certificate of insurance attached:	
	•		
CALL WHEN	PERMIT IS COMPL	ETE: Owner Contractor	
TYPE OF WORK : Duilding Plumbing Mechanical Electrical Other			
Check all that apply above			
PROJECT DESCRIP	TION:		
Est. Starting date		etion date:Total Cost of Project \$	
Building \$	Plumbing \$	Mechanical \$Electrical \$	
	SKETCH OR PL	LANS MUST BE PROVIDED	
form certifies that all inform comply with applicable ord information if necessary. I d	nation provided herein and in a inances. Township staff will re- certify the code enforcement o e authority to enter areas cover	Office prior to the start of any construction. The applicant in signing th any other supporting documentation is accurate and he/she intends to eview the application form and reserve the right to request more fficer, or the code enforcement officer's administrator's authorized red by such permit at any reasonable hour to enforce the provisions of t	
Applicants Signature	:	Date:	
	OFFIC	CIAL USE ONLY	
Fees Paid: Cl		Date:Received by:	
Code Enforcement Approval			

PLEASE NOTE THAT CODE ENFORCEMENT HAS UP TO: 15 BUSINESS DAYS TO PROCESS RESIDENTIAL PERMIT APPLICATIONS 30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPLICATIONS