

Tinicum Township
 163 Municipal Rd.
 Pipersville, PA 18947
 610-294-8076

**APPLICATION FOR
 PLAN EXAMINATION AND
 BUILDING PERMIT**

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX

I. LOCATION OF BUILDING	APPLICANT NAME _____
	PROPERTY OWNER NAME _____
	AT (LOCATION) _____ ZONING DISTRICT _____
	BETWEEN _____
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT	1. <input type="checkbox"/> New building	Residential	Non Residential
	2. <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any in Part D, 13)	12. <input type="checkbox"/> One Family	18. <input type="checkbox"/> Amusement, recreational
	3. <input type="checkbox"/> Alteration (See 2 above)	13. <input type="checkbox"/> Two or more family - Enter number of units _____	19. <input type="checkbox"/> Church, other religious
	4. <input type="checkbox"/> Repair, replacement	14. <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20. <input type="checkbox"/> Industrial
	5. <input type="checkbox"/> Wrecking (If multifamily residential enter number of units in building in Part D, 13)	15. <input type="checkbox"/> Garage	21. <input type="checkbox"/> Parking Garage
	6. <input type="checkbox"/> Moving (relocation)	16. <input type="checkbox"/> Carport	22. <input type="checkbox"/> Service Station, repair garage
	7. <input type="checkbox"/> Foundation only	17. <input type="checkbox"/> Other - Specify _____	23. <input type="checkbox"/> Hospital
B. OWNERSHIP	8. <input type="checkbox"/> Private (Individual, corporation, non-profit, institution, etc.)	24. <input type="checkbox"/> Office, bank, professional	25. <input type="checkbox"/> Public utility
	9. <input type="checkbox"/> Public (Federal, State, or local government.)	26. <input type="checkbox"/> School, library, other educational	27. <input type="checkbox"/> Stores, mercantile
		28. <input type="checkbox"/> Tanks, towers	29. <input type="checkbox"/> Other - Specify _____

C. COST	10. Cost of improvement _____	<i>(Omit cents)</i> \$ _____	Nonresidential - Describe in detail proposed use of buildings, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. if use of existing building is being changed, enter proposed use.
	To be installed but not included in the above cost		
	a. Electrical		
	b. Plumbing		
	c. Heating, air conditioning		
	d. Other (elevator, etc..)		
11. TOTAL COST OF IMPROVEMENT	\$ _____		

III. SELECTED CHARACTERISTICS OF BUILDING - *For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME	30. <input type="checkbox"/> Masonry (wall bearing)	TYPE OF SEWAGE DISPOSAL	40. <input type="checkbox"/> Public or private company	DIMENSIONS	48. Number of stories
	31. <input type="checkbox"/> Wood frame		41. <input type="checkbox"/> Private (septic tank, etc.)		49. Total square feet of floor area, all floors, based on exterior dimensions
	32. <input type="checkbox"/> Structural steel	TYPE OF WATER SUPPLY	42. <input type="checkbox"/> Public or private company	NUMBER OF OFF-STREET PARKING SPACES	50. Total land area, sq.ft.
	33. <input type="checkbox"/> Reinforced concrete		43. <input type="checkbox"/> Private (well, cistern)		51. Enclosed
34. <input type="checkbox"/> Other - <i>Specify</i>				52. Outdoors	
PRINCIPAL TYPE OF HEATING FUEL	35. <input type="checkbox"/> Gas	TYPE OF MECHANICAL	Will there be central air conditioning?		RESIDENTIAL BUILDINGS ONLY
	36. <input type="checkbox"/> Oil		44. <input type="checkbox"/> Yes	45. <input type="checkbox"/> No	
	37. <input type="checkbox"/> Electricity		Will there be an elevator?		54. Number of bathrooms full . partial .
	38. <input type="checkbox"/> Coal		46. <input type="checkbox"/> Yes	47. <input type="checkbox"/> No	
	39. <input type="checkbox"/> Other - <i>Specify</i>				

IV. IDENTIFICATION - To be completed by all applicants

				ZIP code	Tel. No.
1. Owner or Lessee					
2. Contractor				Builder's License No.	
3. Architect or Engineer					
I hereby certify that the proposed work is authorized by the owner of record and 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		Address			Application date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use

Plans Review Required	Check	Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING							
PLUMBING							
MECHANICAL							
ELECTRICAL							
OTHER _____							

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

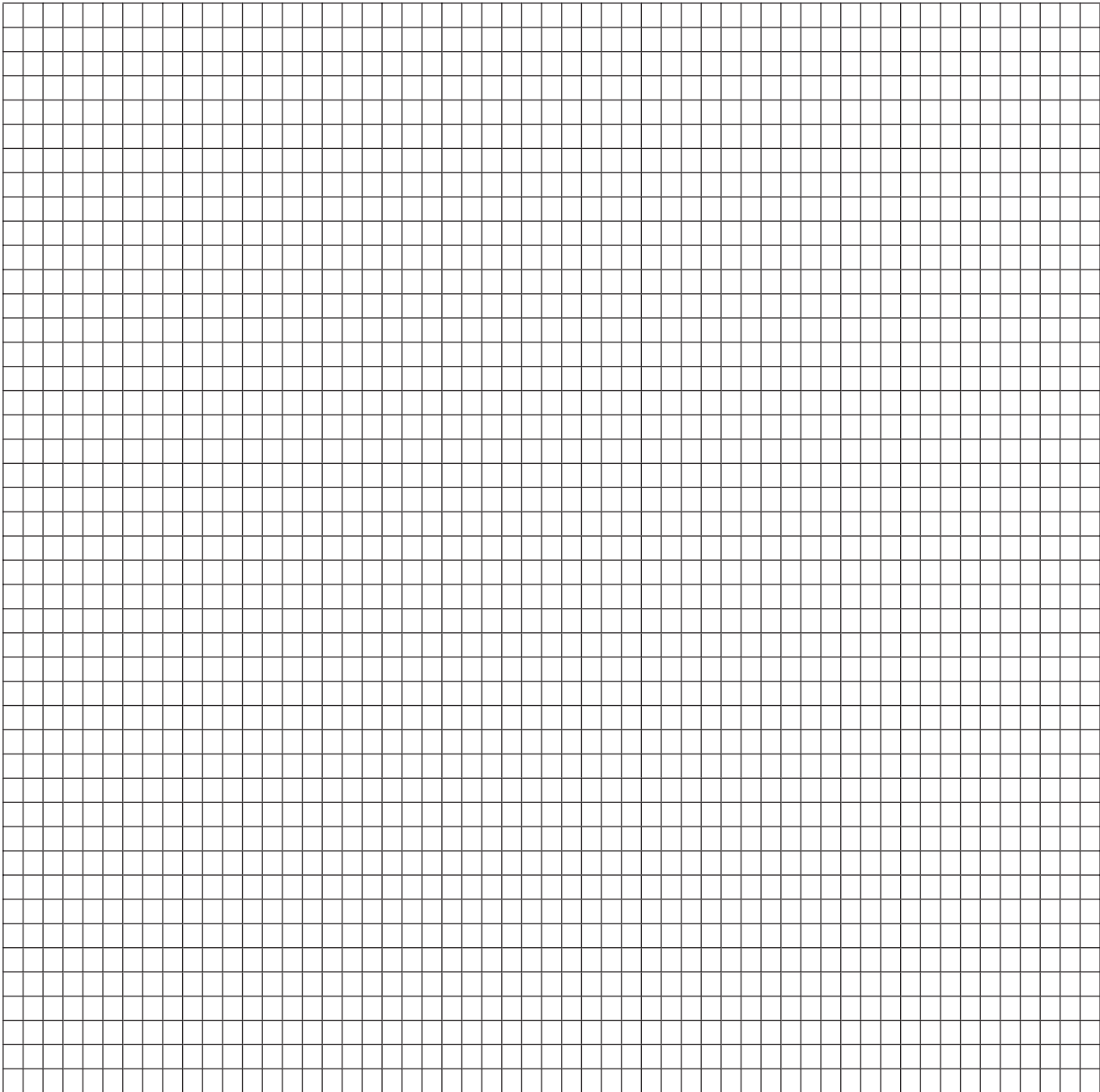
Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number _____ Building Permit issued _____ Building Permit Fee _____		FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____	
Certificate of Occupancy	_____	Approved by:	_____
Drain Tile	_____		_____
Plan Review Fee	_____		_____
		TITLE	

VIII. ZONING PLAN EXAMINERS NOTES
DISTRICT
USE
FRONT YARD
SIDE YARD
REAR YARD
NOTES

IX. SITE OR PLOT PLAN *-For Applicant Use*



CODE ENFORCEMENT OFFICE

TINICUM TOWNSHIP

163 Municipal Road
Pipersville, PA 18947

Phone: 610-294-9154

Fax: 610-294-9889

Hours: Mon/Tue/Thurs/Fri
9am-5pm
Wed. 9am-noon

APPLICATION FOR ELECTRICAL PERMIT

ELECTRICIAN

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

PROPERTY OWNER

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Job Address: _____

Tenant: _____

Bldg: _____ Suite: _____

Has a building permit been issued for this project? Y N

Describe scope of work being performed for which a permit is requested:

Rough Wiring: _____ Lights _____

_____ Switches _____

_____ Recep. _____

Fire Alarm Devices: _____

Swimming Pools: _____

Temporary Service: _____

Electric Signs: _____

Reintroduction of power: _____

Signaling Systems: _____

Transformers: _____

Feeders & Sub-Panels: _____

Service & Meter Equipment: _____

Cost of Electrical Improvement: _____

Electrician

Property Owner of Agent or Owner

Printed Name of Electrician

Printed Name of Owner of Agent

YOU MUST CALL United Inspection Agency TO SET UP AN ELECTRICAL INSPECTION

United Inspection Agency

180 S. Main Street, Ambler, PA 19002

Telephone: 215-542-9977 Fax: 215-540-9721

FOR OFFICE USE ONLY

Date Issued: _____ Permit #: _____

Paid: _____ Approved by: _____