

NOCKAMIXON TOWNSHIP

P.O.Box 100~589 Lake Warren Road~Ferndale, Pa. 18921

PHONE: 610-847-5058 Fax: 610-847-5812

Residential Builing Permit Application

To be used for One and Two Family Dwellings and their accessory structures only.

<u>Application Type</u>	<input type="checkbox"/> New Dwelling <input type="checkbox"/> Addition <input type="checkbox"/> Deck/Patio <small>(incs Roofed Porches) (No Roof)</small>				
	<input type="checkbox"/> Detached Accessory <input type="checkbox"/> Finished Basement <input type="checkbox"/> Alteration				
	<input type="checkbox"/> In-Ground Swimming Pool <input type="checkbox"/> Above Ground Swimming Pool				
	<input type="checkbox"/> Other (describe): () Plumbing () Mechanical(HVAC) () Elec.(COMPLETE ELEC. APP.)				
<u>Project Description</u>	<u>Est. Value:</u>				
<u>Property Owner Information</u>	Name			Initial if we may contact you via E-Mail _____	
	Address				
	Phone:		Fax:		
	E-Mail				
<u>Contractor Information</u>	Name			Initial if we may contact you via E-Mail _____	
	Address				
	Phone:		Fax:		
	E-Mail				
<u>Design Professional in Charge</u> (if Applicable)	Name			Initial if we may contact you via E-Mail _____	
	Address				
	Phone:		Fax:		
	E-Mail				
<u>Property Information</u>	Tax I.D. #				
	Address				
<u>Project Information</u>	Bedrooms:	Existing: _____	Proposed (total): _____		
	Bathrooms:	Existing: _____	Proposed (total): _____		
	Will the project be Heated/Cooled?: () YES () NO				
	Type Of Heating System:				

Who should be contacted regarding this Application? _____

APPLICANT'S CERTIFICATION:

I hereby certify that all information on this form and attached documentation is true, to the best of my knowledge. Further, I am the owner, or am authorized by the owner to submit this application. In addition, if a permit for the project is issued, I certify that the Nockamixon Township Building Code Official(s) is/are authorized to enter those areas of the property affected by the permit at any reasonable hour to inspect for compliance with the permit and the Pennsylvania Uniform Construction Code.

APPLICANT'S Signature: _____ **Date:** _____

All Electrical Work Requires Completion Of Attached Electrical Application Also.