

MDIA\_\_\_\_

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## **APPLICATION FEES PAYABLE FOR ALL PERMITS & UTILITIES**

Applicant must fill in all highlighted areas.

DATE OF APPLICATION	PERSON TO CONTACT PHONE (	)
PROPERTY OWNER		
E-MAIL:		
ADDRESS OF OWNER		
PROPERTY LOCATION (if different than above address)		
PURPOSE OF PERMIT	ESTIMATED	COST \$

### FOR OFFICE USE ONLY

PERMIT #			
	DOVER TO	OWNSHIP REVIEW	
Permit Fee	\$ Roads	Date	
Storm Water Mgmt.	\$ 10003	Datc	
Road Occupancy	\$ Sewer	Date	
On-Lot Septic	\$ Water	Date	
Mechanical	\$	Date	
PCSM Fee	\$ Billing	Date	
SWM Recording Fee	\$ Allocation	Date	
Well Permit	\$	5.	
Traffic Impact Fee	\$ Zoning	Date	
Zoning Hearing Case	\$ Comments:		
Subdivision	\$		
SEWER FUND			
Inspection Fee	\$		
Tapping Fee	\$ · _		
Lateral Deposit Fee	\$		
WATER FUND			
Inspection Fee	\$ _		CASH
Connection Fee	\$ _		
Remote Meter Fee	\$ _		
Service Deposit	\$		

NOTE: THE BUILDING CODE OFFICIAL HAS UP TO 15 BUSINESS DAYS (30 FOR COMMERCIAL PROJECTS) TO ACT ON THIS PERMIT PURSUANT TO THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE. \*These fees are a deposit towards the cost of the Township making physical connection to the public lines. The Township is not representing in any way what your total connection costs could be. Individual circumstances vary greatly, and these costs could be substantial. It is recommended that you obtain complete cost estimates prior to the start of any project.

## **APPLICATION FOR BUILDING PERMIT/USE CERTIFICATE/ZONING PERMIT**

Regulations are per the Pennsylvania Uniform Construction Code, as adopted and amended by Dover Township

#### Please print legibly. Unreadable applications will be rejected.

Application Date:						
1. PROPERTY INFORMATION						
Street Address:		Apt.	Zip	Parcel #	Zoning	
Subdivision:		Parcel Type:				
Lot Number:		Residential (R) Industrial (I)   Commercial (C) Other				
2. F	PROPERTY OWNER INFORMATION (	Contractor i	info to be provid	ed on page 2.)		
First Name:	Last Name and/or Business name:	Phone:				
Street Address: City: State:		State:	Zip:			
	3. BUILDING PERMI	T APPLIC	ATION			
Plumbing Work:YesNo   Structural: (check those applicable)     Mechanical Work:YesNo   Frame     IMPROVEMENT TYPE: (check those applicable and describe below)   Frame    Use Certificate only  SteelConcrete  Other    Addition  Kepair/Replacement  SteelConcrete  Other    Demolition  Kelocation   Exterior: (check those applicable)   Walls    NasonryWood  Other  Other		Frame     Steel   Concrete     Masonry   Wood				
		Other				
Description of Work/Use: * Name of Business as applicable						
Est. cost \$	Est. Start//		Finish/	/		
4. CERTIFICATION						

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of this jurisdiction. I further certify that information given is true and correct to the best of my knowledge.

Signature of Applicant, Address and Phone Number

Print Name Legibly and Sign - Responsible Person in Charge of Work, Title and Phone Number

Are any structural assemblies fabricated off-site?No Yes; If yes, what items?						
Enclosed Parking (Number)		Stories (Number)		Lot Area (Sq. Feet)		
Outside Parking (Number)		Bed Rooms (Nur	nber)	Building Area (Sq. Ft.)		
Rear Setback (Feet)		Full Baths (Numb	ber)	Parking Ares (Sq	Parking Ares (Sq. Ft.)	
Left Setback (Feet)		Partial Baths (Nu	ımber)	Living Area (Sq. Ft.)		
Right Setback (Feet)		Garage (Number	r)	Basement Area (Sq. Ft.)		
Height above Grade (Fe	eet)	Windows (Number)		Garage Area (Sq. Ft.)		
New Residential Units (I	Number)	Fireplaces (Number)		Office/Sales (Sq. Ft.)		
Existing Residential Unit (Number)	ts	Street Frontage (Feet) Service (Sq.		Service (Sq. Ft.)	)	
Elevator/Escalator (Num	nber)	Front Setback (F	eet)	Manufacturing (S	q. Ft.)	
		5. CONTRACTO	RS INFORMATION			
		<b>☆Please Pr</b>	int Legibly!★			
	Name of C Number	Contractor	Address	City, State	e, Zip	Phone
Applicant (Not Owner)						
Architect/Engineer						
General Contractor						
Excavation						
Concrete						
Carpentry						
Electrical						
Plumbing (License No.)						
Sewer						
Mechanical						
Roofing						
Masonry						
Drywall or Lathing						
Sprinkler						
Paving						
Fire Alarm						

★All Contractors must furnish proof of worker's compensation and liability insurance per PA Act 44 ★
★Attach 2 copies of complete construction drawings for review ★
★Documentation of building code compliance including energy related standards as required by the PA UCC must be included ★

#### 7. SITE PLAN

#### Show lot lines, easements, all proposed or existing structures, streets/roads/driveways, waterlines/wells, sewer lines/septic systems, all property lines, all distances of proposed structure(s) from lot lines and work layout and dimensions. Any omitted information will cause a delay of permit issuance.

# 8. ZONING For Department Use Only

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Zoning District	Map & Parcel Number	
Lot Area (from page 2)	Lot Coverage (%)	
Habitable Living Area	Encroachments	
Off Street Parking Spaces, required	Provided	
Post Lamps	Sidewalks	
Other Developmental Improvements		
Planning Commission Approval Required		
Zoning Hearing Board Approval Required		

## NOTES AND DATA - (For Department Use)

	VALIDATION
Building Permit Number	
Building Permit Issued	
Building Permit Fee \$	
Storm Water Management Fee \$	Approved By:
Plan Review Fee \$	TITLE: