

Folio # 16-____ - _____ - _____ Zoning District _____ Use # _____ Building Permit # _____

UPPER DARBY TOWNSHIP LICENSES AND INSPECTION
BUILDING PERMIT APPLICATION

THREE (3) SETS OF PLANS ARE REQUIRED INCLUDING PLOT PLANS SHOWING SIZE OF LOT, LOCATION OF EXISTING AND PROPOSED STRUCTURES, ELEVATIONS, SECTION VIEW, FLOOR PLANS, ETC. AN APPROVAL LETTER FROM THE OWNER IS REQUIRED IF THE WORK IS BEING DONE BY A TENANT. ALL WORK MUST CONFORM TO THE PENNSYLVANIA CONSTRUCTION CODE.

Review period is 15 business days for residential (5 days if plans are sealed by a registered design professional)

Review period is 30 business days for commercial. (Plans must be sealed by a registered design professional)

PLEASE TYPE OR PRINT LEGIBLY IN INK

SELECT ONE OR MORE OF THE FOLLOWING THAT APPLIES:

RESIDENTIAL [] COMMERCIAL [] LEGALIZATION [] HUD [] DEMOLITION []

ADDRESS OF JOB _____ DATE _____

NAME OF OWNER _____ OWNER PHONE # _____

ADDRESS OF OWNER _____

(If owner does not reside at job address)

CONTRACTOR OR APPLICANT NAME _____

(Person doing the work)

PHONE # _____ CELL # _____

PREPARED DESIGN DOCUMENT BY _____ TITLE _____ PHONE # _____

Commercial permits are required to have plans sealed by a registered design professional.

WHAT IS CONSTRUCTION BEING USED FOR _____ **LOT SIZE** _____

DESCRIPTION OF WORK: _____

FEE SCHEDULE SEE OUR WEB. UPPERDARBY.ORG (CLICK ON DEPARTMENT-CLICK ON LICENSES & INSPECTION -CLICK ON PERMITS)

COST OF JOB \$ _____ (Should not include work that requires a separate permit including HVAC, Plumbing, Electrical And Fire Protection Systems) These items require separate applications

PERMIT FEES WILL BE DOUBLED IF WORK BEGINS BEFORE PERMITS ARE ISSUED

DOES JOB INCLUDE THE FOLLOWING:

HVAC YES [] NO [] IF YES, NAME OF CONTRACTOR _____

PLUMBING YES [] NO [] IF YES, NAME OF CONTRACTOR _____

ELECTRIC YES [] NO [] IF YES, NAME OF CONTRACTOR _____

SPRINKLER YES [] NO [] IF YES, NAME OF CONTRACTOR _____

STANDPIPE YES [] NO [] IF YES, NAME OF CONTRACTOR _____

ALARM SYSTEM TYPE _____

SIGNATURE _____ PRINT NAME _____

BEFORE YOU DIG, CALL PENNSYLVANIA ONE CALL 1-800-242-1776

DRIVEWAY ACCESS TO A STATE HIGHWAY REQUIRES DEPARTMENT OF TRANSPORTATION PERMIT. STATE L & I REQUIRED FOR ELEVATORS & BOILERS. DEMOLITION OF COMMERCIAL BUILDING NOTIFY D.E.P. REFERANCE ASBESTOS. ACT 537 SEWER MODULE APPROVAL REQUIRED IF EXCESSIVE SANITARY DISCHARGE. STORM WATER MANAGEMENT REQUIRED FOR NEW DEVELOPMENT.

PERMIT FEE _____ USE _____ OCCUPANCY FEE _____ TOTAL FEE _____

ZONING APPLICATION # _____ OF _____ ZONING APPROVAL DATE _____

DIRECTOR, DEPARTMENT OF LICENSES AND INSPECTIONS REVIEW DATE _____ INSPECTOR _____