

APPLICATION FOR BUILDING PERMIT (NEW BUILDINGS)

UPPER MORELAND TOWNSHIP
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PHONE 215-659-3100 * FAX 215-659-8899

NAME OF CONTRACTOR: _____ DATE: _____

ADDRESS OF CONTRACTOR: _____ PHONE: _____

OWNER OF PROPERTY: _____ ADDRESS: _____

NAME OF DEVELOPMENT: _____ LOT #: _____ ZONED: _____

ADDRESS OF PROPERTY: _____ PARCEL # _____ BL _____ UNIT _____

COMMERCIAL: _____ INDUSTRIAL: _____ RESIDENTIAL: _____

TYPE OF HOUSE- 2 STORY _____ SPLIT _____ RANCER _____ CAPE COD _____ BI LEVEL _____ OTHER _____

GARAGE: ATTACHED _____ FLOOR 4" LOWER _____ DETACHED: _____

OUTSIDE MEASUREMENTS: FRONT _____ SIDE _____ HEIGHT _____

DEMOLITION _____ DESCRIPTION _____

SIZE OF: 1ST FLOOR JOIST _____ SPAN _____ 2ND FL. JOIST _____ SPAN _____ CEILING JOIST _____

SIZE OF FLOORING: ROUGH _____ FINISHED _____ SMOKE DETECTORS _____

ROOF RAFTER _____ SPAN _____ OUTER WALLS _____ INNER WALLS _____

TYPE ROOF SHEATHING _____ MINIMUM 1/2 INCH OR _____

INTERIOR WALL FINISH _____ DRYWALL SIZE _____ PLASTER _____ PANEL _____ OTHER _____

TYPE OF INSULATION _____ THICKNESS _____

OUTSIDE SHEATHING TYPE _____ THICKNESS MIN. 1/2 INCH OR _____

EXTERIOR WALL FINISH: FRONT _____ REAR _____ SIDES _____

FOOTING: THREE FOOT BELOW GRADE _____ WIDTH _____ THICKNESS _____

TYPE OF HEAT _____ CITY WATER _____ SEWER PERMIT # _____ DATE _____

NO. OF BEDROOMS _____ BATHS _____ KITCHEN _____

DINING ROOM _____ LIVING ROOM _____ REC. ROOM _____

FOYER _____ CELLAR: 12" BLOCK _____ CRAWL SPACE: 12" BLOCK _____

CONCRETE IN LBS: FOOTING _____ FLOORS _____ SIDEWALK _____

NOTE:-ONE PLOT PLAN AND TWO BUILDING PLANS MUST CCOMPANY THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A PERMIT. ALL APPLICATIONS MUST COMPLY WITH ALL BUILDING CODES AND TOWNSHIP ORDINANCES. BUILDING PERMIT WILL BE RESCINDED FOR ANY INFRACTION THEREOF AND PENALTIES AND FINES WILL BE INVOKED. ALL INFORMATION ON THIS APPLICATION MUST BE COMPLIED WITH DURING CONSTRUCTION.

ESTIMATED CONSTRUCTION COST \$ _____

PERMIT FEE \$ _____

APPLICANT'S SIGNATURE _____

ZONING \$ _____

PLAN REVIEW \$ _____

[] APPROVED: DATE _____

CERT. OF OCCUPANCY \$ _____

BY: _____

DRIVEWAY \$ _____

CODE ENFORCEMENT OFFICER

MISC. \$ _____

PERMIT # _____

TOTAL \$ _____