

Permit # _____

**BOROUGH OF PERKASIE
CODE ENFORCEMENT DEPARTMENT
PO BOX 96, 620 WEST CHESTNUT STREET
PERKASIE, PA 18944-0096**

PLAN EXAMINATION AND BUILDING PERMIT APPLICATION

Important – Applicant to complete all items in section I, II, III, IV and IX

I. LOCATION OF BUILDING	Address _____	Zoning District _____	
	_____	Tax Parcel # _____	_____
	Subdivision : _____	Lot # _____	Lot size _____

II. TYPE AND COST OF BUILDING – All applicants complete part A through D

A. Type of improvement (Circle one) 1 New Building 2 Addition (if residential, enter # of new housing units added, if any, in Part D-13) 3 Alteration (see 2 above) 4 Repair, replacement 5 Wrecking (if multifamily residential, enter # of units in building in Part D-13) 6 Foundation only 7 Patio/Deck	D. Proposed Use (for wrecking, most recent use) (Circle One) <u>Residential</u> 12 One Family 13 Two or more Families, # Of units _____ 14 Transient hotel, motel or dormitory # of units _____ 15 Garage _____ 16 Carport _____ 17 Other – Please specify _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> PERKASIE BOROUGH AUTHORITY WATER AND SEWER PERMIT NUMBER: _____ </div>	<u>Non-residential</u> 18 Amusement, recreational 19 Church, other religious use 20 Industrial 21 Parking Garage 22 Service Station, Repair Garage 23 Hospital, Institutional 24 Office, Bank, Professional 25 Public Utility 26 School, Library, other Educational 27 Stores, Mercantile 28 Tanks, Towers 29 Other please specify _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. Ownership 8. Private (individual, corporation, nonprofit, institutional, etc.) 9. Public (Federal, State or local government)

C. Cost (Omit cents) 10. Cost of improvement..... \$ _____ To be installed, but not included with above cost... a Plumbing..... \$ _____ b Electrical..... \$ _____ c Mechanical..... \$ _____ d Other (elevator, etc)..... \$ _____ 11. Total cost of improvement..... \$ _____	Non-residential – Describe in detail, on a separate sheet of paper, the proposed use of the building, e.g., food processing plant, machine shop, hospital, school, parking garage, rental office building, office building at an industrial plant, etc. If use of existing building is being changed, enter proposed use. Will there be an elevator? <input type="radio"/> Yes <input type="radio"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete parts E through K; for wrecking, complete only part J; for all others, skip to IV.

E. Principal, type of frame 30 <input type="radio"/> Masonry 31 <input type="radio"/> Wood frame 32 <input type="radio"/> Structural steel 33 <input type="radio"/> Reinforced concrete 34 <input type="radio"/> Other – Please specify _____	F. Principal type of heating fuel 35 <input type="radio"/> Gas 36 <input type="radio"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="radio"/> Coal 39 <input type="radio"/> Other (specify) _____	G. Type of sewage disposal 40 <input type="radio"/> Public or private company 41 <input type="radio"/> Private (septic tank, etc.) H. Type of water supply 42 <input type="radio"/> Public or private company 43 <input type="radio"/> Private (well, cistern, etc)	J. Dimensions 48. # of stories _____ 49. Total sq. ft. of floor area, all floors, based on exterior dimensions _____ 50. Total land area, sq. ft. _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I. Type of fire sprinkler system <input type="checkbox"/> Water <input type="checkbox"/> Foam <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Halogenated <input type="checkbox"/> Wet Chemical	K. Number of off-street parking spaces 51. Enclosed _____ 52. Outdoors _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

VIII. ZONING PLAN EXAMINER'S NOTES

District:

Use:

Front Yard:

Side Yard :

Side Yard:

Rear Yard:

Notes:

IX. SITE PR PLOT PLAN – FOR APPLICANT USE

Note: Applicant responsible for insuring no structures are located in deed restricted open space, utility or drainage easements. These should be shown on the site or plot plan.

