



Borough of Doylestown Permit Application



Print Clearly and fill in all that apply

PROPERTY ADDRESS: _____ **Tax Parcel Number:** _____

<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT * Name: _____ Address: _____ City/State Zip: _____ Phone#: (____) _____ FAX#: (____) _____ Work Phone #: (____) _____ * DOCUMENTATION OF OWNERS APPROVAL REQUIRED*	<input type="checkbox"/> ARCHITECT <input type="checkbox"/> DESIGNER <input type="checkbox"/> ENGINEER License/Registration#: _____ Name: _____ Address: _____ City/State Zip: _____ Phone#: (____) _____ FAX#: (____) _____
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<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> OWNER-BUILDER
Company Name: _____ Address: _____ Phone#: (____) _____ FAX#: (____) _____	License/Registration #: _____ City/State/Zip: _____ / ____ / ____ Project Contact Person: _____ Phone: (____) _____ Cell Phone#(____) _____

BUILDING/SITE CHARACTERISTICS
SITE PLAN, USE SEPARATE SHEET
2 SETS OF PLANS REQUIRED

Zoning District: _____ Historical District: YES NO

Lot Size: _____ Sq.Ft. Coverage%: _____

Lot Dimension (Front/Sides/Rear): _____ / _____ / _____

Setbacks: FRONT: _____ REAR: _____ LEFT: _____ RIGHT: _____

EXISTING:

Building Area: _____ Sq.Ft. Building Height: _____ Ft.

Floor Area: _____ Sq.Ft. Number of Stories _____

ADDITIONAL PROPOSED:

Building Area: _____ Sq.Ft. Building Height: _____ Ft.

Floor Area: _____ Sq.Ft. Number of Stories _____

USE CLASSIFICATION

<input type="checkbox"/> RESIDENTIAL USE	
<input type="checkbox"/> R-1 Hotels, Motels	<input type="checkbox"/> R-3 One/Two Family
<input type="checkbox"/> R-2 Apartments	<input type="checkbox"/> R-4 Assisted Living <16
<input type="checkbox"/> NON-RESIDENTIAL USE	
<input type="checkbox"/> A-1 Assembly (Theaters)	<input type="checkbox"/> I-1 Assisted Living >16
<input type="checkbox"/> A-2 Restaurant, Tavern, Bar	<input type="checkbox"/> I-2 Hospital/Nursing Home
<input type="checkbox"/> A-3 Galleries, Churches	<input type="checkbox"/> I-3 Prisons, Corrections
<input type="checkbox"/> B Offices, Pro-Service	<input type="checkbox"/> I-4 Child/Adult Care
<input type="checkbox"/> E Educational, Schools	<input type="checkbox"/> M Retail Stores, Markets
<input type="checkbox"/> F-1 Factory Mod. Hazard	<input type="checkbox"/> S-1 Storage Mod. Hazard
<input type="checkbox"/> F-2 Factory Low Hazard	<input type="checkbox"/> S-2 Storage Low Hazard
<input type="checkbox"/> H High Hazard:Type _____	<input type="checkbox"/> U Misc. Structures

Principal Type of Frame

Masonry (bearing wall)
 Wood Frame
 Structural Steel
 Reinforced Concrete
 Other -Specify _____

Principal Type of Utilities

Gas
 Oil
 Electric
 Other -Specify _____
 Air Conditioning YES NO

Misc. Required Information

Number of off-street parking: _____
 Current Sprinkler System: YES NO
 Current Alarm System: YES NO
 Current Knox Box: YES NO
 Hazardous Materials: YES NO

BOROUGH PERMIT TYPE	
<input type="checkbox"/> Zoning(site plan)	\$ _____
<input type="checkbox"/> New Construction	\$ _____
<input type="checkbox"/> Renovation	\$ _____
<input type="checkbox"/> Addition	\$ _____
<input type="checkbox"/> Accessory Structure	\$ _____
<input type="checkbox"/> Electrical	\$ _____
<input type="checkbox"/> HVAC	\$ _____
<input type="checkbox"/> Plumbing	\$ _____
<input type="checkbox"/> Demolition	\$ _____
<input type="checkbox"/> Fire Supp./Detection	\$ _____
Contractor Name: _____	
<input type="checkbox"/> Deck/Patio	\$ _____
<input type="checkbox"/> Fence	\$ _____
<input type="checkbox"/> Fireplace/Heating Stove	\$ _____
<input type="checkbox"/> Swimming Pool	\$ _____
<input type="checkbox"/> UST	\$ _____
<input type="checkbox"/> Road Opening	\$ _____
<input type="checkbox"/> Roofing	\$ _____
<input type="checkbox"/> Sandblasting	\$ _____
<input type="checkbox"/> Sidewalk/Curb/Driveway	\$ _____
<input type="checkbox"/> Siding/roof/windows	\$ _____
<input type="checkbox"/> Other _____	\$ _____

Certification: I hereby certify that I am the owner of the subject property, or am authorized by the owner of the property to make this application, and that the work is authorized by the owner. I agree to comply with the Borough of Doylestown Code of Ordinances and the laws of the County of Bucks and Commonwealth of Pennsylvania PA ACT 45 (Uniform Construction Code). If a permit is issued as a result of the application, the Building Inspector is authorized to enter the property covered by such permit at any reasonable hour to inspect the work and enforce the provisions of the code.

SIGN _____ DATE _____
 PRINT _____

