



Springfield Township - Bucks County, Pennsylvania

www.springfieldbucks.org • info@springfieldbucks.org • 610-346-6700

BUILDING PERMIT APPLICATION

PERMIT#

SUBMISSION MAY REQUIRE A ZONING PERMIT/ APPLICATION ALSO

PROPERTY/ SITE INFORMATION:

SITE ADDRESS:

TAX MAP PARCEL#: **42 -**

CITY:

STATE: **PA** ZIP:

☐ RESIDENTIAL ☐ COMMERCIAL

APPLICATION TYPE (CHECK ALL THAT APPLY):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> NEW DWELLING | <input type="checkbox"/> ADDITION | <input type="checkbox"/> DECK/PATIO | <input type="checkbox"/> DETACHED ACCESSORY |
| <input type="checkbox"/> IN-GROUND POOL | <input type="checkbox"/> ABOVE-GROUND POOL | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> FINISHED BASEMENT |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> MECHANICAL (HVAC) | <input type="checkbox"/> OTHER: |

PROJECT DESCRIPTION:

FLOODPLAIN CERTIFICATION: IS THE SITE LOCATED WITHIN **AN** IDENTIFIED FLOOD HAZARD AREA? ☐ YES ☐ NO

WILL ANY PORTION OF THE FLOOD HAZARD AREA BE DEVELOPED? ☐ YES ☐ NO ☐ N/A

WILL THE PROJECT INCLUDE NEW HEATING/COOLING SYSTEM? ☐ YES ☐ NO TYPE OF SYSTEM:

EXISTING BEDROOMS:

NEW TOTAL BEDROOMS:

EXISTING BATHROOMS:

NEW TOTAL BATHROOMS:

ESTIMATED TOTAL PROJECT COST (US\$):

ICC USE GROUP:

ICC TYPE:

NO. OF FLOORS:

LENGTH:

WIDTH:

HEIGHT:

SQFT:

of NEW ELECTRICAL DEVICES:

OF NEW PLUMBING FIXTURES:

#OF NEW MECHANICAL APPLIANCES:

PROPERTY OWNER INFORMATION

NAME(S):

PHONE 1:

PHONE 2:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

MAY WE EMAIL YOU REGARDING THIS APPLICATION? ☐ Y ☐ N

CONTRACTOR INFORMATION (INFORMATION MUST BE PROVIDED FOR ALL GENERAL, ELECTRICAL, PLUMBING, AND HVAC CONTRACTORS.)

BUSINESS/CONTRACTOR NAME:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP:

PERSON IN CHARGE OF WORK:

CONTACT PERSON PHONE:

EMAIL:

MAY WE EMAIL YOU REGARDING THIS APPLICATION? ☐ Y ☐ N

BUILDERS LICENSE#:

EXP:

WORKERS' COMP INSURANCE: ☐ PROVIDED ☐ EXEMPT

ARCHITECT/ENGINEER:

LICENSE#:

PHONE:

APPLICATION VERIFICATION

I hereby certify that all information on this form and attached documentation is true, to the best of my knowledge. Further, I am the owner, or am authorized by the owner to submit this application. In addition, if a permit for the project is issued, I certify that the Springfield Township Building Code Official(s) is/are authorized to enter those areas of the property affected by the permit at any reasonable hour to inspect for compliance with the permit and the Pennsylvania Uniform Construction Code.

APPLICANT PRINTED NAME:

APPLICANT SIGNATURE:

DATE:

OFFICE USE ONLY: ☐ OLDS ☐ W ☐ DWY ☐ NPDES ☐ BCCD ☐ SWM ☐ ZO ☐ CO