



# Springfield Township – Bucks County, Pennsylvania

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## BUILDING PERMIT APPLICATION

PERMIT #

**EVERY SUBMISSION MUST BE ACCOMPANIED BY A ZONING PERMIT / APPLICATION**

### 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: _____
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ESTIMATED TOTAL PROJECT COST (USD): _____	ICC USE GROUP: _____	ICC TYPE: _____
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# OF FLOORS: _____	LENGTH: _____	WIDTH: _____	HEIGHT: _____	SQFT: _____
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# OF NEW ELECTRICAL DEVICES: _____	# OF NEW PLUMBING FIXTURES: _____	# OF NEW MECHANICAL APPLIANCES: _____
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### PROPERTY OWNER INFORMATION

NAME(S): _____	PHONE 1: _____	PHONE 2: _____
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MAILING ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
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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: _____
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ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
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PERSON IN CHARGE OF WORK: _____	CONTACT PERSON PHONE: _____
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EMAIL: \_\_\_\_\_ MAY WE EMAIL YOU REGARDING THIS APPLICATION ?  Y  N

BUILDERS LICENSE #: _____	EXP: _____	WORKERS' COMP INSURANCE: <input type="checkbox"/> PROVIDED <input type="checkbox"/> EXEMPT
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ARCHITECT/ENGINEER: _____	LICENSE #: _____	PHONE: _____
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### 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: _____
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OFFICE USE ONLY:  OLDS  W  DWY  NPDES  BCCD  SWM  ZO  CO