



# Springfield Township – Bucks County, Pennsylvania

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## BUILDING PERMIT APPLICATION

PERMIT #

**EVERY SUBMISSION MUST INCLUDE ONE (1) PHYSICAL PLAN SET AND ONE (1) DIGITAL PLAN SET.**

### 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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NO. OF FLOORS:	LENGTH:	WIDTH:	HEIGHT:	SQFT:
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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