

Borough of Doylestown

Department of Building and Zoning Commercial Building Permit Application

PROPERTY INFORMATION: (If applicant is tenant, owner letter required)

Property Address: _____	Tax ID Number: _____
Property Owner Name: _____	Owner Phone: _____
Property Owner Address: _____	
Cell or Business Phone: _____	

CONTRACTOR'S INFORMATION:

Company Name: _____	Phone: _____
Company Address: _____	
Contact Name: _____	Contact Phone: _____

ARCHITECT/ENGINEER INFORMATION:

Name: _____	Phone: _____
Address: _____	Registration No: _____

SITE/ BUILDING CHARACTERISTICS: (Attach 2 copies of site plan and architectural plans. Attach signed Application checklist)

Zoning District: _____	Historical District: Y or N		
Lot Size: Sq. Ft	Coverage %		
Lot Dimensions: Front: _____	Side: _____	Rear: _____	Side: _____
Setbacks: Front: _____	Side: _____	Rear: _____	Side: _____
Existing:		Proposed:	
Building Area: sft	Building Height: ft.	Building Area: sft.	Building Height: ft.
Floor Area: sft	No of Stories:	Floor Area: sft.	No of Stories:

PLUMBING: (Attach Plans/Specs)

Circle One: Alteration	Repair	Addition	New Const
Master Plumber Name: _____			
Company: _____			
Address: _____			
Phone: _____	Reg # _____		
Item	#	Item	#
Special Waste		Disposal	
Dishwasher		Tank/Heater	
Toilet		Clothes Washer	
Humidifier		Laundry Tray	
Urinal/Bidet		Showers	
Rain Leader			
Sink			
Floor Drains		Size	
Basin		Size	
Ejector Pump		Size	
Sump Pump		Size	
Other			
Total Fixtures			

MECHANICAL: (Attach Plans)

Circle One: Alteration	Repair	Addition	New Const
Name: _____			
Company: _____			
Address: _____			
Phone: _____			
Total Fee:	_____		

ENERGY CONSERVATION: (Attach Plans)

R-Factors Walls: _____	Ceiling: _____	Floors: _____
U-Factors Windows: _____	Skylights: _____	Doors: _____
Green Points: _____		

Other Related Permits Needed:

Sprinklers	Pool
Fireplaces/Woodstoves	Fence
Road Opening	Other

Work Description:

Total Cost of Project: _____
Mechanical: _____
Electrical: _____
Plumbing: _____
Building (Total Less Mechanical, Electrical & Plumbing): _____

ELECTRICAL: (Attach Plans)

Circle One: Alteration	Repair	Addition	New Const
Name: _____			
Company: _____		Phone: _____	
Address: _____			
Separate underwriters inspection required			
Total Fee: _____			

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Certification: I hereby certify that I am the owner of the subject property, or I am authorized by the owner 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 the Commonwealth of PA. ACT 45 (UCC) . 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. I understand I am responsible for scheduling all inspections.

Signature:
Print Name:

Date:

APPLICATION PROCESSING RECORD (Borough Office Use Only) Fee & Escrow Due Upon Submission

Permit Number	Water Tapping Fee	Escrow Fee for New Connection:		
	Zoning			
	New Construction			
	Renovation			
	Addition			
	Electrical			
	HVAC			
	Plumbing	Total fixtures:	x \$15 =	+ \$200 =
	L & I Fee			Total fee:
	Others:			
Total fee:		Date:	Check Number:	Escrow:
Rec'd Date:		Rec'd Initials:		Check Number:
HARB:		DEP:		Green Pts Meeting:
ZHB:		BCWS:		Accessibility Plans
Site Plans				
Architectural Plans:				
Plumbing Schematic:				
Shadow Plan:				
2 Checklists (Building Permit and Accessibility)				

APPLICATION REVIEW RECORD (Borough Office Use Only)

Date of Review:	Reviewer Signature:
Permit is: Approved Denied Returned Other:	

Comments/Conditions:	