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) Historical District: Y or N **Zoning District:** 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) **MECHANICAL: (Attach Plans)** Circle One: Alteration Addition New Const Repair Circle One: Alteration Repair Addition New Const Master Plumber Name: Name: Company: Company: Address: Address: Phone: Reg# Phone: # Item Item # **Total Fee:** Special Waste Disposal **ENERGY CONSERVATION: (Attach Plans)** Dishwasher Tank/Heater **Toilet** Clothes Washer R-Factors Walls: Ceiling: Floors: Humidifier Laundry Tray U-Factors Windows: Skylights: Doors: Urinal/Bidet Showers Green Points: Rain Leader Other Related Permits Needed: Sink Sprinklers Pool Floor Drains Size Fireplaces/Woodstoves Fence Basin Size Road Opening Other **Ejector Pump** Size Sump Pump Size Work Description: Other Total Fixtures **ELECTRICAL: (Attach Plans)** Circle One: Alteration Repair Addition New Const Name: Total Cost of Project: Company: Phone: Mechanical: Address: Electrical: Separate underwriters inspection required Plumbing: **Total Fee:** $Building \hbox{\scriptsize (Total $\underline{\bf Less}$ Mechanical, Electrical \& Plumbing: }$

Phone: (215) 345-4140

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Department of Building and Zoning Commercial Building Permit Application

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.

Date:

Print Name:							
APPLICATION PROCESSII	NG RECORD (Borou	ugh Office l	Jse Only)	Fee & Escro	w Due Upon	Submission	
Permit Number	Water Tapping Fee			Escrow Fee for New Connection:			
	Zoning				22 101 11011 2	5111100tt0111	
	New Construction						
	Renovation			-			
	Addition						
	Electrical						
	HVAC						
	Plumbing	Total fixture	es: x	\$15 =	+ \$200 =	Total fee:	
	L&I Fee						
	Others:						
Total fee: Dat	te: Check I	Number:		Escro	w:	Check Number:	
Rec'd Date:	Rec'd Initials:						
HARB:	DEP:		Green Pts Meeting:				
ZHB:	BCWS	:		Accessibility Plans			
Site Plans							
Architectural Plans:							
Plumbing Schematic:							
Shadow Plan:							
2 Checklists (Building	Permit and Acce	ssibility)					
, c							
APPLICATION REVIEW	RECORD (Borough	Office Use	Only)				
Date of Review: Reviewer Signature:			nature:				
Permit is: Appro	oved Denie	d Re	turned	Other:			
Comments/Conditions							
•							

Signature:

Phone: (215) 345-4140 DoylestownBorough.net



Borough of Doylestown Building and Zoning Department 10 Doyle Street, Doylestown, PA 18901 215.345.4140

RESIDENTIAL BUILDING AND ZONING PERMIT APPLICATION COMPLETION CHECKLIST YOU MUST COMPLETE THIS CHECKLIST AND ATTACH IT TO YOUR APPLICATION

Complete this application checklist by:

- 1. Writing the plan sheet number (or page number) where the listed information can be found in your application.
- 2. Check each box on the checklist to confirm that item is attached or shown on the plans on the sheet you referenced.
- 3. Signing the checklist on the last page.

Before submitting your permit and plans please double check that you have included the required information. More detail is better than less, and incomplete submissions will delay your permit.

A. Zoning/Site Plan (minimum scale than 20' = 1")

Provide 2 copies of the plans showing all of the following:

pplicant	
	Zoning/ Site Plan information is on sheet or page
	Name, address, and phone number of applicant and owner
	Address of site (location of the work)
	Note on plan as to whether property is/is not in HARB . (Circle One)
	North arrow & drawing scale
	Property lines & dimensions (measurements)
	Setback lines to indicate required yards
	Exiting improvements on the land and their dimensions- i.e. house, porch, deck, shed, driveways
	Proposed improvements and their dimensions – clearly indicated that this is the proposed work
	Distances from any existing and proposed structures to the property lines
	Streets and alleys (with labels)
	Driveway location and information
	Sidewalks, curbs, street lights, parking meters,
	Location and square footage of all structures on the property
	Total square footage of existing living space and square footage of proposed additional space
	Trees with trunk diameter of 6" or more that are located within 50 foot of proposed work
B. Bı	uilding Plans (Preferred scale ¼" = 1')
	de 2 copies of the plans showing all of the following:
	are a septiment and practice and are removing.
pplicant	
	Floor plan information is on sheet(s) or page(s)

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Structural plan information is on sheet(s) or page(s)
lumbing Plans (Preferred scale ¼" = 1') ide 2 copies of the plans showing all of the following:
Plumbing plan information is on sheet(s) or page(s) Riser diagram is on sheet(s) or page(s)
All fixtures are shown
All pipe and venting is shown
Dimensions of all required access openings Manufacturers specifications are included for any mechanical vents
Manaractarers specimeations are included for any mechanical veries
lechanical Plans (Preferred scale ½" = 1')
ide 2 copies of the plans showing all of the following:
Mechanical plan information is on sheet(s) or page(s) Manufacturers spec sheets are attached for any piece of equipment being installed Location, type and fuel source for all mechanical equipment shown Location and CFM of all mechanical ventilation shown Size and location of all ventilation openings

Residential Building and Zoning Permit Application Package

Residential Building and Zoning Permit Application Package	
E. Electrical Plans (Preferred scale ¼" = 1') Provide 2 copies of the plans showing all of the following:	
Electrical plan information is on sheet(s) or page(s) Electrical panel Location and type of all outlets, switches and fixtures Wiring diagram	
Applicant signature: Date:	
Space Below For Building Department Use Only: Plans are: Approved Denied Returned for more information on above items that have been highlighted or are noted here:	