

Borough of Doylestown

Department of Building and Zoning

Residential 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:

57 West Court Street
Doylestown, PA 18901

permits@doylestownborough.net

Phone: (215) 345-4140
DoylestownBorough.net

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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: _____ Date: _____
Print Name: _____

APPLICATION PROCESSING RECORD (Borough Office Use Only)

Permit Number	Type:			
	Zoning			
	New Construction			
	Renovation			
	Addition			
	Electrical			
	HVAC			
	Plumbing	Total fixtures: x \$15 =	+ \$75 =	Total fee:
	L & I Fee			
	Others:			
Total fee:	Date:	Check Number:	Escrow:	Check Number:
Rec'd Date:	Rec'd Initials:			
HARB:	DEP:		Green Pts Meeting:	
ZHB:	BCWS:			
Site Plans				
Architectural Plans:				
Plumbing Schematic:				
Shadow Plan:				
Checklist				

APPLICATION REVIEW RECORD (Borough Office Use Only)

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

Comments/Conditions:
