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: Side: Rear: Setbacks: Front: Side: Rear: Side: Existing: Proposed: **Building Height:** ft. **Building Area:** sft. Building Height: ft. Building Area: sft No of Stories: Floor Area: sft Floor Area: sft. No of Stories: PLUMBING: (Attach Plans/Specs) **MECHANICAL: (Attach Plans)** Addition New Const Circle One: Alteration Circle One: Alteration Repair Repair Addition New Const Master Plumber Name: Name: Company: Company: Address: Address: Phone: Phone: Reg# # # **Total Fee:** Item Item Special Waste Disposal **ENERGY CONSERVATION: (Attach Plans)** Dishwasher Tank/Heater Ceiling: Toilet Clothes Washer R-Factors Walls: Floors: Humidifier Laundry Tray U-Factors Windows: Skylights: Doors: Urinal/Bidet Showers Green Points: Rain Leader Other Related Permits Needed: Sprinklers Sink 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 $\underline{\tt Less}$ Mechanical, Electrical $\&$ Plumbing: $\underline{\tt Less}$ and $\underline{\tt Less}$ are the substitution of the$

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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:			
	OCESSING RECORD (Borou	ugh Office Use Or	nly)		
Permit Number	Water Tapping Fee	Escrow Fee for New Connection:			
· · · · · · · · · · · · · · · · · · ·	Zoning				
	New Construction				
	Renovation				
	Addition				
	Electrical				
	HVAC				
	Plumbing	Total fixtures:	x \$15 =	+ \$200 =	Total fee:
	L&I Fee				
	Others:				
Total fee:		Number:	Esc	crow:	Check Number:
Rec'd Date:	Rec'd Initials:				
HARB: DEP:				Green Pts Meeting:	
ZHB:	BCWS		Accessibility Plans		
Site Plans					
Architectural Pla	ans:				
Plumbing Schei					
Shadow Plan:					
	uilding Permit and Acce	ooibility/			
Z CHECKIISIS (DI	uliding Fermit and Acce	SSIDIIIIy)			
APPLICATION RE	VIEW RECORD (Borough	Office Use Only)			
Date of Revie	ew: Revie	ewer Signatur	e:		
Permit is:	Approved Denie	d Returne	ed Othe	er:	
Comments/Cond	litions:				

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