

Department of Building and Zoning
Residential Building Permit Application

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

| | |
|------------------|----------------|
| Company Name: | Phone: |
| Company Address: | |
| Contact Name : | Contact Phone: |

| | |
|----------------|------------------------|
| Name: _____ | Phone: _____ |
| Address: _____ | Registration No: _____ |

| | | | | | | | |
|------------------------|--|----------------------|--|-----------------------------|--|----------------------|--|
| 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: | |

| | | | | |
|-----------------------|------------|----------------|----------|-----------|
| 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 | | | | |

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

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

| | |
|--------------|-------|
| Sprinklers | Pool |
| Grading | Fence |
| Road Opening | Other |

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|--|
| |
| |
| |
| |
| |
| Total Cost of Project: |
| Mechanical: |
| Electrical: |
| Plumbing |
| Building (Total LESS Mechanical, Electrical & Plumbing): |

Phone: (215) 345-4140
DoylestownBorough.net

Residential 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:

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 = + \$75 = Total fee: |
| | L & I Fee | | |
| | Grading | | |
| 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: |

[illegible]



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:

Applicant

- ☐ 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
- ☐ Existing 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. Building Plans (Preferred scale ¼" = 1')

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

Applicant

- ☐ Floor plan information is on sheet(s) or page(s) _____

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- ☐ Structural plan information is on sheet(s) or page(s) _____
- ☐ Foundation plan information is on sheet(s) or page(s) _____
- ☐ Sectional detail is on sheet(s) or pages(s) _____ -
- ☐ Window and door schedule is on sheet(s) or pages(s) _____ -
- ☐ Name, address, and phone number of applicant and owner
- ☐ Address of site (location of the work).
- ☐ Drawing scale
- ☐ Building elevations for each side of structure
- ☐ Floor plan for each floor (including basement and attic)
- ☐ Smoke detector placement is indicated in the floor plans
- ☐ Necessary egress windows are labeled as such the floor plans
- ☐ Foundation plans
- ☐ Crawlspace and attic ventilation information
- ☐ Type and location of all anchorage hardware, including specific type hold downs and hurricane straps
- ☐ Beam, header , girder, columns and post sizes and material
- ☐ Directions, size, support, placement, and spacing for all ceiling, framing, and roofing members
- ☐ Window and door schedule showing all sizes and energy efficiency information
- ☐ Stairways and handrails with measurements
- ☐ Floor and wall assemblies
- ☐ Sectional view showing detail of footings through roof
- ☐ Header sizes and materials, include design calculations for any header longer than 6 foot.
- ☐ Dimensions of all required access openings
- ☐ Identify all construction materials
- ☐ Show all required energy efficiency features (For additions attach ResCheck sheet)

C. Plumbing Plans (Preferred scale $\frac{1}{4}'' = 1'$)

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

Applicant

- ☐ 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

D. Mechanical Plans (Preferred scale $\frac{1}{4}'' = 1'$)

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

Applicant

- ☐ 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

E. Electrical Plans (Preferred scale $\frac{1}{4}" = 1'$)

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

Applicant

- ☐ Electrical plan information is on sheet(s) or page(s) _____
- ☐ Electrical panel
- ☐ Location and type of all outlets, switches and fixtures
- ☐ Wiring diagram

F. Grading Plans (Preferred scale $1/4" = 1'$)

When Required:

- Alteration of existing drainage characteristics.
- Earth disturbance w/in drip-line/root-zone of any tree larger than 6" caliper, including off-site trees.
- New Construction and Additions.
- Earth disturbance greater than 500 Sq. Ft.

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:**