

BOROUGH OF FOUNTAIN HILL

OFFICE OF CODE ENFORCEMENT

941 LONG STREET FOUNTAIN HILL PA 18015

610-867-5124 Fax 610-867-7153

BUILDING PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY OWNER NAME: _____	PHONE: _____
PROJECT ADDRESS: _____	CELL: _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
TAX PARCEL #: _____	
APPLICANT NAME: _____	PHONE: _____
APPLICANT ADDRESS: _____	CELL: _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
CONTRACTOR NAME: _____	PHONE: _____
CONTRACTOR PA REGISTRATION #: _____	CELL: _____
CONTRACTOR ADDRESS: _____	FAX: _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____

BUILDING INFORMATION

TYPE OF CONSTRUCTION OR IMPROVEMENTS: <input type="checkbox"/> New Construction <input type="checkbox"/> Mechanical <input type="checkbox"/> Addition <input type="checkbox"/> Plumbing <input type="checkbox"/> Alteration/Renovation <input type="checkbox"/> Electrical <input type="checkbox"/> Repair/Replacement	PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry (Bearing Walls) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other _____	DIMENSIONS: No. of Stories _____ Total Sq. Ft. _____ (All Floors. Exterior Dimensions) No. of Bedrooms _____ No. of Bathrooms - Full _____ Partial _____ Total Building Lot Size _____ Sq. Ft.	
SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic Tank)	WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)	HEATING FUEL: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Other	PROPOSED USE: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Commercial

PROPOSED WORK

DESCRIPTION OF PROPOSED WORK – PROVIDE SITE OR PLOT PLAN _____

DETAILS: COST OF PROPOSED WORK: \$ _____ **ZONING DISTRICT:** _____

SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of the Borough of Fountain Hill. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of the permits

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY

PERMIT #: _____ DATE ISSUED: _____ PERMIT FEE: \$ _____ APPROVED BY: _____ TITLE: _____ DATE: _____	FEES BOROUGH: \$ _____ STATE: \$ _____ TOTAL: \$ _____	PAYMENT CASH CHECK # _____ MAIL CK CREDIT CARD
--	---	---