

MAXATAWNY TOWNSHIP  
 127 QUARRY ROAD, SUITE 1  
 KUTZTOWN, PA 19530

PHONE: 610-683-6518  
 FAX: 610-683-3518

**APPLICATION FOR BUILDING PERMIT**

LOCATION OF PROPOSED WORK \_\_\_\_\_

PROPOSED WORK \_\_\_\_\_

TWO (2) SETS OF PLANS, PLOT PLAN, AND SPECIFICATIONS SHALL BE SUBMITTED WITH THIS APPLICATION IN CONFORMITY WITH 403.42a AND 403.62a OF PA TITLE 34 UNLESS WAIVED BY THE TOWNSHIP CODE ENFORCEMENT OFFICER.

	NAME	ADDRESS	PHONE
OWNER	_____	_____	_____
		_____	
		_____	
EMAIL	_____		
CONTRACTOR	_____	_____	_____
		_____	
		_____	
ARCHITECT	_____	_____	_____
		_____	
ENGINEER	_____	_____	_____
ESTIMATED COST OF CONSTRUCTION: \$ _____			
(Include all fixed construction: Building, Plumbing, Mechanical, Electrical)			
<b>INCOMPLETE APPLICATION SHALL BE REJECTED</b>			
I certify that I am the owner of the construction site or the authorized agent of the owner and make this application and agree that all work shall comply with the Uniform Construction Code, PA Act 45, PA Title 34, and all applicable chapters.			
PRINT NAME	_____	SIGNATURE _____	DATE _____

**DO NOT WRITE BELOW THIS LINE**

APPLICATION FEE \$ \_\_\_\_\_ CHECK# \_\_\_\_\_ DATE PAID \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

SUBMITTED DOCUMENTS:	YES	NO	N/A	REQUIRED
PLANS: SIGNED & SEALED	_____	_____	_____	_____
SPECIFICATTIONS	_____	_____	_____	_____
WORKER'S COMP INS	_____	_____	_____	_____
CERTIFICATE OF INS.	_____	_____	_____	_____
ZONING APPROVAL	_____	_____	_____	_____
APPLICATION COMPLETE	_____	_____	_____	_____
RETURNED BY: _____	DATE: _____			