

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 _____ PARCEL #: _____

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) | | | |
| INCOMPLETE APPLICATION SHALL BE REJECTED | | | |
| 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: _____ | | |