



TOWNSHIP OF BETHEL

Delaware County, Pennsylvania
 1092 Bethel Road
 Garnet Valley, PA 19060

Phone: 610-459-1529
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 www.twp.bethel.pa.us

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

App. Date / /	TYPE PERMIT <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O)	Is Owner Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROPERTY INFORMATION

Street Address	Apt.	Zip	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)

OWNER INFORMATION

First Name	Last Name or Business Name	Phone
Street Address	City	State Zip

TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition <i>(If residential, enter number of new housing units added, if any, in PROPOSED USE, No. 10)</i> 3 <input type="checkbox"/> Alteration <i>(See 2 above)</i> 4 <input type="checkbox"/> Repair, Replacement 5 <input type="checkbox"/> Pool 6 <input type="checkbox"/> Decks 7 <input type="checkbox"/> Porch	OWNERSHIP 8 <input type="checkbox"/> Private <i>(Individual, Corporation, Non-profit Institution, etc.)</i> 9 <input type="checkbox"/> Public <i>(Federal, State, or Local Government)</i>
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PROPOSED USE - For "Wrecking" most recent use		
Residential 10 <input type="checkbox"/> One or Two Family 11 <input type="checkbox"/> Two or More Family - Enter number of units _____ 12 <input type="checkbox"/> Garage 13 <input type="checkbox"/> Other - Specify _____ _____ _____	Non-residential 14 <input type="checkbox"/> Amusement, Recreational 15 <input type="checkbox"/> Church, Other Religious 16 <input type="checkbox"/> Industrial 17 <input type="checkbox"/> Parking Garage 18 <input type="checkbox"/> Service Station, Repair Garage 19 <input type="checkbox"/> Hospital, Institutional 20 <input type="checkbox"/> Office, Bank, Professional	21 <input type="checkbox"/> Public Utility 22 <input type="checkbox"/> School, Library, other educational 23 <input type="checkbox"/> Stores, Mercantile 24 <input type="checkbox"/> Tanks, Towers 25 <input type="checkbox"/> Other - Specify _____ _____ _____ <input type="checkbox"/> Existing Building

SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME 26 <input type="checkbox"/> Masonry (wall bearing) 27 <input type="checkbox"/> Wood Frame 28 <input type="checkbox"/> Structural Steel 29 <input type="checkbox"/> Reinforced Concrete 30 <input type="checkbox"/> Other - Specify _____ _____	DIMENSIONS 31 <input type="checkbox"/> Number of Stories _____ 32 <input type="checkbox"/> Total square feet of floor area, all floors, based on exterior dimensions _____ 33 <input type="checkbox"/> Total Land Area, sq. ft. _____
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PERMIT NO. _____

DESCRIPTION OF WORK – (All Trades)

Date _____

IDENTIFICATION - To be completed by all applicants

Name		Mailing Address – Number, Street, City and State	Zip Code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date
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VALIDATION

PERMIT ISSUED _____ 20____

PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

CHECK NO. _____

CASH \$ _____

DATE _____

FOR DEPARTMENT USE ONLY

Use Group _____
 Fire Grading _____
 Live Loading _____
 Occupancy Load _____

Approved by:

TITLE