



BUILDING PERMIT APPLICATION

Street Address		Apt. or Tenant Address		City and State		Zip	
Subdivision	Lot Number	Parcel Number		Zoning District		Construction Est. Value \$	

Property Owner: _____
 Address: _____
 Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

Tenant: _____
 Address: _____
 Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

Contractor: _____ State Contractor Lic. No: _____
 Address: _____
 Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

(All Contractors to supply workers comp/liability insurance certificate naming Doylestown Township)

TYPE OF RESIDENTIAL BUILDING PERMIT (Please check one:)		
<input type="checkbox"/> Accessory Bldg (Over 1000 sq. ft)	<input type="checkbox"/> Additions or Enclosures	<input type="checkbox"/> Interior Alterations
<input type="checkbox"/> Garage	<input type="checkbox"/> Deck	<input type="checkbox"/> Exterior Alterations
<input type="checkbox"/> Above-ground Pool	<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Re-Roofing
<input type="checkbox"/> Hot Tub	<input type="checkbox"/> New Residential Dwelling	<input type="checkbox"/> Demolition/Tank Removal

OR

TYPE OF COMMERCIAL BUILDING PERMIT (Please check one:)			
<input type="checkbox"/> New Construction	<input type="checkbox"/> Additions	<input type="checkbox"/> Interior Alterations	<input type="checkbox"/> Exterior Alterations
<input type="checkbox"/> Re-Roofing	<input type="checkbox"/> Tank Removal	<input type="checkbox"/> Demolition: The Township requires a copy of the DEP Asbestos Abatement Permit	
<input type="checkbox"/> Alarm			

DESCRIPTION OF PROPOSED CONSTRUCTION

PLEASE NOTE: The property owner(s) must sign this application to verify the contractor or tenant has permission from the property owner(s) to do all construction work authorized by the issuance of this permit. Two copies of a site plan with two copies of the appropriate construction documents must accompany this application. In addition, an indexed PDF disc must be included for all new subdivision or amended site plans.

By signing this application, authorization is granted to any municipal representatives of Doylestown Township to access the above property as stated within this application and attached sub-trade permit application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Doylestown Township zoning and building code ordinances. The application together with the signed site plan and construction documents is made a part of this application by the undersigned. Furthermore, it is clearly understood and agreed to by the applicant and property owner that the Township office is not responsible for any property dimensions shown on the site plan and establishment of property lines is the sole responsibility of the property owner and applicant. The applicant and property owner also agree they are responsible for the replacement to Township standards of any Township road or infrastructure which is damaged during the building of the permitted structure and understands that the information provided on this application by the applicant(s) and property owner(s) is true and correct to the best of their knowledge or belief, and all information contained in their application becomes part of the public record.

Date: _____ Signature of Applicant(s) _____

Print Applicant(s) Name(s) _____

Date: _____ Signature of Property Owner(s) _____ **(Required)**

Print Property Owner(s) Name(s) _____ **(Required)**

APPLICATION GUIDELINES (Application forms are also available from the Township Website: doylestownpa.org
A PDF disc of the site plan is also required.

Residential:

1. Construction drawings, if not signed by an architect or engineer, must have each page signed and dated by the property owner and state that the code followed is the PA UCC.
2. For new construction, enclose copies of public water connection or well permit and public sewer or Bucks County Health Dept. on-lot septic system permit.
3. New construction, including additions, requires an energy statement be enclosed with the application (e.g., REScheck) or a statement that the PA Alternative energy provisions will be used.
4. In addition to the building permit application, plumbing, mechanical, electrical, zoning and road occupancy permit applications may be required as appropriate and are to be submitted at the same time. Incomplete applications will not be accepted.

Commercial:

1. All commercial construction documents are required to indicate that construction will comply with the requirements of the PA UCC, and be signed and sealed by a PA architect or engineer.
2. Subcontractor applications, including plumbing, mechanical, electrical, sprinkler, alarm and road occupancy to be submitted at the same time as the building permit application. Partial applications will not be accepted.
3. Include copies of other required applications/permits as appropriate (e.g. DEP asbestos abatement, COMcheck, PENNDOT occupancy permit, PA One Call, sewer, water, State licensing agency, etc.)

township of

Phone: 215-348-9915 • Fax: 215-348-8729
 Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

MECHANICAL PERMIT APPLICATION

Owner: _____
 Address: _____

Contractor's State Registration No: _____
 Contractor's/Applicant
 Name: _____
 Contractor's Address: _____

Owner Phone No: _____
 Owner Cell No: _____

Contractor's Phone No: _____
 Contractor's Cell No: _____

Location of Work: _____
 Type of Building: Residential Non-Residential
 Used as: _____

Type of Work: (check one) New Addition Alteration Repair Other

Type of Fuel: Oil Gas LPG Electric

Total Cost of Mechanical Work: _____

Type of Equipment	Quantity	Type of Equipment	Quantity
Air Condition Unit		Geothermal System	
HVAC Vent		Clothes Dryers	
HVAC Return		Ventilation Fan	
Gas Fireplace		Range Hood	
Fuel Storage Tank		Hazardous Exhaust	
Radiant Heater		Space Heater	
Refrigeration Unit		Air Handler	
Boilers		Air Cleaner	
Forced Air System		Solar Systems	
Gravity System		Incinerator	
Floor Furnace		Gas Piping	
Wall Heater		Range <input type="checkbox"/> Com. <input type="checkbox"/> Dom.	
Unit Heater		Coil Unit	
Heat Pump		Solid Fuel Appliance	
Wood Stove		Other	

ENCLOSE 2 COPIES OF PLANS/SPECIFICATIONS

Mechanical Permit Fees: _____
 PA UCC Surcharge Fee: _____
 Total Fees Due: _____

By signing this application the applicant certifies that all the information is correct and that the property owner has authorized work and Township inspection of the work. All work to comply with the PA UCC as amended. Please call Doylestown Township a 215-348-9915 to schedule inspections at least 24 hours in advance.

DATE: _____ Signature of Applicant _____ (Required)
 Print Applicant's Name _____ (Required)

township of

Phone: 215-348-9915 • Fax: 215-348-8729
 Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

PLUMBING/SPRINKLER PERMIT APPLICATION

Owner: _____
 Address: _____

Contractor's State Registration No: _____
 Contractor's/Applicant
 Name: _____
 Contractor's Address: _____

Owner Phone No: _____
 Owner Cell No: _____

Contractor's Phone No: _____
 Contractor's Cell No: _____

Location of Work: _____
 Type of Building: Residential Non-Residential
 Used as: _____

ENCLOSE 2 COPIES OF PLANS/SPECIFICATIONS

Type of Work: (check one) New Addition Alteration Repair Other

Total Cost of Plumbing Work: _____

Type:	Quantity:	Fees:
Water Supply Connection		
Toilet/Urinal		
Sink/Lavatory		
Bath		
Shower		
Washing Machine		
Dishwashing Machine		
Ice Maker		
Garbage Grinder		
Sewage Ejector/Sump Pump		
Tank and Heater/Solar Heater		
Baseboard		
Humidifier		
Drinking Fountain		
Floor Drain		
Grease Trap		
Fire Pump/Sprinkler System		
Miscellaneous Fixture		
Total Fixtures and Fee		
	PA UCC Surcharge Fee:	\$4.00
Total Fees:		

By signing this application, the applicant certifies that all the information is correct and that the property owner has authorized work and Township inspection of that work. All work to comply with the PA UCC as amended. Please call Doylestown Township at 215-348-9915 to schedule inspections at least 24 hours in advance.

DATE: _____ Signature of Applicant _____ (Required)
 Print Applicant's Name _____ (Required)

township of

Phone: 215-348-9915 • Fax: 215-348-8729
 Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

ELECTRICAL PERMIT APPLICATION

Owner: _____
 Address: _____

Contractor's State Registration No: _____
 Contractor/Applicant
 Name: _____
 Contractor's Address: _____

Owner Phone No: _____
 Owner Cell No: _____

Contractor's Phone No: _____
 Contractor's Cell No: _____

Location of Work: _____

Type of Building: Residential Non-Residential

Type of Work: (check one) New Addition Alteration Repair Other

All electrical permit applications, residential and non-residential, are to have attached TWO COPIES of an electrical plan, stamped and signed as reviewed and approved for PA UCC compliance by a Certified Third Party Agency. A full list of Third Party Agencies is found on the Pennsylvania Labor & Industry website.

- Go to: Pennsylvania Labor & Industry Website
- Select: Licenses, Permits, and Certifications.
- Select: Buildings, Uniform Construction Code
- Select: Certified Third Party Agencies (Buildings)

TWO (2) COPIES of 3rd PARTY APPROVED PLANS ATTACHED

Electrical Permit Fee:	\$ 50.00
PA UCC Surcharge Fee:	\$ 4.00
Total Fees:	\$ 54.00

By signing this application, the applicant certifies that all the information is correct and that the property owner has authorized work and Township inspection of that work. All work to comply with the PA UCC as amended.

Date: _____ Signature of Applicant(s) _____

Print Applicant(s) Name(s) _____

WORK SHEET FOR A SITE PLAN

SITE INFORMATION

Water Service: Public Private

Sewer Service: Public Private

Property Address:

SITE PLAN

A large grid for drawing a site plan, consisting of 30 columns and 40 rows of small squares.

Include Three (2) Copies of this Site Plan with your application
SCALE = 1 inch _____ FEET

IMPERVIOUS COVERAGE

THIS CALCULATION IS REQUIRED FOR ALL PERMITS THAT WILL RESULT IN ADDITIONAL GROUND BEING COVERED: SHEDS, ADDITIONS & PATIOS, ETC.

Street Address		Apt. or Tenant Address		City and State		Zip	
Subdivision	Lot Number	Parcel Number	Zoning District		Permitted Impervious %		

DEFINITIONS

IMPERVIOUS SURFACE – Any surface which does not absorb rain; all buildings, parking areas, driveways, roads, sidewalks and any areas in concrete, asphalt, packed stone, pavers on sand or other equivalent surfaces. In addition, other areas determined by the Township Engineer to be impervious within the meaning of this definition shall also be classified as impervious. For purposes of this definition the areas of a swimming pool or pond located inside the coping shall be classified as impervious.

NET BUILDABLE SITE AREA – Net buildable site area is calculated for the purpose of determining allowable impervious surface and land permitted to be developed. Net buildable site area equals total lot area contained in the subdivision or land development application:

- (a) Minus ultimate rights-of-way of existing streets;
- (b) Minus land which is not contiguous or which is separated from the site by a road or railroad;
- (c) Minus land shown on previous subdivision or land development plans as reserved for open space or other uses which restrict it from development;
- (d) Minus all land restricted by easements or covenants; and
- (e) Minus land required to be left open for resource protection or to meet minimum open space requirements of this chapter.

IMPERVIOUS SURFACE RATIO – The total area of all impervious surfaces divided by the net buildable site area.

IMPERVIOUS SURFACE PERMITTED TO BE DEVELOPED

net buildable site area x Permitted Impervious surface ratio

Lot Size	(sq. ft.)	(Note: 1 Acre = 43560 sq. ft.)
Driveway	(sq. ft.)	
Walkway	(sq. ft.)	
Buildings	(sq. ft.)	
Patio/Pool	(sq. ft.)	
Easements/Other	(sq. ft.)	
Total Existing Impervious	(sq. ft.)	
Proposed Construction	(sq. ft.)	
Total:		

(FOR USE BY DOYLESTOWN TOWNSHIP)

IMPERVIOUS COVERAGE		
Total Impervious Surface	Proposed %	Sq. Ft.
	Allowed %	Sq. Ft.



Phone: 215-348-9915 • Fax: 215-348-8729

Website: www.doylestownpa.org

doylestown

425 Wells Road • Doylestown, PA 18901

CHANGE OF SUBCONTRACTOR APPLICATION

Due to the Pennsylvania Workers Compensation Insurance regulation, all change in subcontractors requires they provide proof of insurance. In addition, provide a liability insurance certificate naming Doylestown Township as certificate holder.

Job Location:	Permit No:
---------------	------------

General Contractor:	
Contractor Address:	
City, State, Zip:	
Phone:	Fax:
E-Mail:	State Contractor License No:

To Replace #1

Subcontractor #1:		
Contractor Address:		
City, State, Zip:		
Phone:	Fax:	
E-Mail:	State Contractor License No.	
<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing

With Subcontractor #2

Subcontractor #2:	
Contractor Address:	
City, State, Zip:	
Phone:	Fax:
E-Mail:	State Contractor License No.

Signatures Required

Property Owner:	<i>print</i>	Date:	
Individual Responsible for Property	<i>print</i>	Date:	
General Contractor:	<i>print</i>	Date:	
No. 2 Subcontractor:	<i>print</i>	Date:	

township of

Phone: 215-348-9915 • Fax: 215-348-8729
Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

**WORKERS COMPENSATION INSURANCE INFORMATION
(ATTACH TO PERMIT APPLICATION)**

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers Compensation Law.

_____ Yes _____ No
If the answer is "yes", complete sections B and C below

B. Insurance Information

Name of Applicant _____
Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation
_____ Certificate Attached

Name Of Workers Compensation Insurer _____

Workers Compensation Insurance Policy No. _____

_____ Certificate Attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance. The undersigned swears or affirms that he/she is not Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.**

_____ Religious exemption under the workers' compensation law

Subscribed and sworn to before me this

_____ day of _____ 20_____

Signature of Applicant

Address

(Signature of Notary Public)

County of _____

My commission expires: _____

Municipality of _____