

<p style="text-align: center;">East Caln Township Chester County, Pennsylvania 110 Bell Tavern Road + Downingtown, PA 19335 Phone: 610-269-7326 + Fax: 610-269-9183</p>	<p>Application for Building & Zoning Permit</p>
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Type of Permit: (check the appropriate box)

<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair
<input type="checkbox"/> Deck	<input type="checkbox"/> Shed	<input type="checkbox"/> Accessory Building
<input type="checkbox"/> Fence	<input type="checkbox"/> Swimming Pool/Spa	<input type="checkbox"/> Demolition
<input type="checkbox"/> Roof	<input type="checkbox"/> Storage Tank	<input type="checkbox"/> Driveway Expansion
<input type="checkbox"/> New Residential	<input type="checkbox"/> New Commercial	<input type="checkbox"/> Other:

Location of Improvement: Plot plan submission required for all improvements.

Address:				
Tax Parcel Number:				
Zoning District:				
Lot Area in Square Feet:				
Building Coverage & %:	sq ft		%	
Impervious Coverage & %:	sq ft		%	
Property Line Setbacks:	Front:	ft	Rear:	ft
	Side:	ft	Side:	ft

Cost of Improvement:

Construction:	\$	Mechanical:	\$
Plumbing:	\$	Electrical:	\$
Total Project Costs	\$		

Type of Utilities:

Public Water:	<input type="checkbox"/> yes <input type="checkbox"/> No	Public Sewer:	<input type="checkbox"/> yes <input type="checkbox"/> No
On-site Water:	<input type="checkbox"/> yes <input type="checkbox"/> No	On-site Sewer:	<input type="checkbox"/> yes <input type="checkbox"/> No
Electric:	<input type="checkbox"/> yes <input type="checkbox"/> No	Gas:	<input type="checkbox"/> yes <input type="checkbox"/> No

Description of work being done:

Characteristics of Building, Deck, Porch or Patio:

Length:	Height:
Width:	Stories:
Floor Area:	

Framing: <ul style="list-style-type: none"> <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Steel 	<input type="checkbox"/> Other: (specify)
Footing: <ul style="list-style-type: none"> <input type="checkbox"/> Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Piers <input type="checkbox"/> Slab 	Principal Building Use: <ul style="list-style-type: none"> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial

Swimming Pool (above & in-ground) & Spa:

Type: <ul style="list-style-type: none"> <input type="checkbox"/> In-ground <input type="checkbox"/> Above ground 	Principal Material:
Length:	Width:
Depth: Minimum: Maximum:	Manufacturer:
<p>Note: Both in-ground and above ground pools shall be surrounded by a fence or similar barrier that is not removable, un-climbable, at least four feet (4') in height, having a self-closing, self-latching gate.</p>	

Accessory Buildings (i.e. Shed, Storage Barn, Garage)

Type: <ul style="list-style-type: none"> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Masonry 	Size: Length: _____ Width: _____ Height: _____ Square ft.:
	Foundation: <ul style="list-style-type: none"> <input type="checkbox"/> Concrete Footings <input type="checkbox"/> Floating concrete pad <input type="checkbox"/> Not Applicable

Street Openings:

Type of Opening:	<input type="checkbox"/> Street <input type="checkbox"/> Driveway <input type="checkbox"/> Utility
Reason for opening:	
Date of Work:	Type of Work: <ul style="list-style-type: none"> <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement
<p>Note: Pennsylvania One-Call, Act 38, is strictly enforced and the responsibility of the contractor to ensure all notifications have been completed.</p>	

Driveway Expansion:

Lot Area:	Current Impervious coverage:
Size of Expansion	New Impervious coverage:

Roofing and Re-roofing:

Number of existing roofs:	Type of material to be used:
Roof pitch:	New Roof: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dumpster on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Re-Roof: <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:	Completion date:

Demolition:

Type of Structure:	
Utilities disconnected:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fences:

Type of Fence:	Location:	Size:
<input type="checkbox"/> Stockade <input type="checkbox"/> Estate <input type="checkbox"/> Post & Rail <input type="checkbox"/> Other:	<input type="checkbox"/> Front Yard <input type="checkbox"/> Side yard <input type="checkbox"/> Rear yard	Height: Width:

Identification of Owner/Occupant/Contractor/Architect-Engineer:

Owner:	
Occupant:	
Address:	
Phone Number:	
Contractor:	
Address:	
Phone Number:	

Architect-Engineer	
Address:	
Phone:	

Electrical Inspection Agency:	
Electrical Plan Reviewer:	

I hereby certify that the proposed work is authorized by the Owner of Record and that the approved plan will be adhered to during construction. All work will be done within the guidelines of the East Caln Township Building and affiliated Codes, whether specified or not. Furthermore, I affirm that the information provided is true and accurate and acknowledge that any false statements are in violation of Pennsylvania Law, punishable by thirty days imprisonment and fines of \$1000 per day.

Signature of Applicant:	
Print name of Applicant:	
Affiliation to Property:	
Date of Application:	

Do not write below this line - Office Use Only

Application Date:	Permit Fee: \$
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Permit Issued:	Permit Number:
Additional Permits Required:	<input type="checkbox"/> Zoning <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Fire Prevention <input type="checkbox"/> Use & Occupancy
Accepted By:	Fee Paid:
Zoning Approved by:	Approval Date:
Building Approved by:	Approval Date: