

BOROUGH OF HELLERTOWN

685 Main St., Hellertown, PA 18055
Phone: 610-838-7041 Fax: 610-838-0500

BUILDING PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY OWNER NAME:	PHONE:
PROJECT ADDRESS:	CELL:
CITY: STATE: ZIP:	EMAIL:
TAX PARCEL #:	
APPLICANT NAME:	PHONE:
APPLICANT ADDRESS:	CELL:
CITY: STATE: ZIP:	EMAIL:
CONTRACTOR NAME:	PHONE:
CONTRACTOR PA REGISTRATION #:	CELL:
CONTRACTOR ADDRESS:	FAX:
CITY: STATE: ZIP:	EMAIL:

BUILDING INFORMATION

TYPE OF CONSTRUCTION OR IMPROVEMENTS:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Alteration/Renovation | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Repair/Replacement | |

PRINCIPAL TYPE OF FRAME:

- Masonry (Bearing Walls)
 Wood Frame
 Structural Steel
 Reinforced Concrete
 Other

DIMENSIONS:

No. of Stories
Total Sq. Ft. (All Floors, Exterior Dimensions)
No. of Bedrooms
No. of Bathrooms - Full Partial
Total Building Lot Size _____ Sq. Ft.

SEWAGE DISPOSAL:

- Public
 Private (Septic Tank)

WATER SUPPLY:

- Public
 Private (Well)

HEATING FUEL:

- Gas Oil Electric
 Coal Other

PROPOSED USE:

- Single Family Dwelling Multi-Family Dwelling
 Commercial

PROPOSED WORK

DESCRIPTION OF PROPOSED WORK – PROVIDE SITE OR PLOT PLAN

DETAILS: COST OF PROPOSED WORK: \$

ZONING DISTRICT:

SIGNATURE

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 agent and we agree to conform to all applicable laws of the Borough of Hellertown. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

PERMIT #: _____
DATE ISSUED: _____
PERMIT FEE: \$ _____
APPROVED BY: _____
TITLE: _____
DATE: _____

FEES

BIA: \$ _____
BOROUGH: \$ _____
STATE: \$ _____
TOTAL: \$ _____

PAYMENT

CASH
CHECK # _____
MAIL CK
CREDIT CARD