



West Pikeland Township

1645 Art School Road, Chester Springs, PA 19425 610-590-5300 Fax: 610-228-3477
Email: office@westpikeland.com
www.westpikeland.com

GENERAL PERMIT APPLICATION

PROPERTY INFORMATION:	DATE SUBMITTED: _____
Property Address: _____	
Tax Parcel Number: 34 - _____	
Owner Name: _____	Phone #: _____
Email: _____	Zoning District: _____
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Profit <input type="checkbox"/> Municipal / Government	

CONTRACTOR INFORMATION: <i>(if owner is completing work, please write "self" for contractor information).</i>	
Name: _____	Phone #: _____
Address: _____	
Email: _____	
HIC #: _____	COI Attached: <input type="checkbox"/>

CALL WHEN PERMIT IS COMPLETE: Owner Contractor

TYPE OF WORK: Building Plumbing Mechanical Electrical Other
Circle all that apply.

Square Footage: _____

Building Cost: \$_____ Plumbing Cost: \$_____ Mechanical Cost: \$_____ Electrical Cost: \$_____

Total Cost of Project: \$ _____

PROJECT DESCRIPTION:

REQUIREMENTS FOR SUBMISSION

<input type="checkbox"/> Completed Application	<input type="checkbox"/> Letter of approval from HOA (if applicable)
<input type="checkbox"/> List of Contractors (on reverse page)	<input type="checkbox"/> Plans
<input type="checkbox"/> PA Certification for each Contractor	<input type="checkbox"/> Certificate of Insurance
<input type="checkbox"/> <u>Submit to permits@westpikeland.com</u>	<input type="checkbox"/> Historic Architectural Review Board Application (if applicable)

The applicant agrees that if the attached plan requires a review by the Township Engineer, the applicant will reimburse the Township for the cost of said review.

**** Call 811 or visit www.call811.com BEFORE you dig ****



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<u>Building Contractor</u> Business Name: _____ Address: _____ Email: _____ Phone: _____ PA HIC #: _____	<u>Electrical Contractor</u> Business Name: _____ Address: _____ Email: _____ Phone: _____ PA HIC #: _____
<u>Mechanical Contractor</u> Business Name: _____ Address: _____ Email: _____ Phone: _____ PA HIC #: _____	<u>Plumbing Contractor</u> Business Name: _____ Address: _____ Email: _____ Phone: _____ PA HIC #: _____
<u>Demolition Contractor</u> Business Name: _____ Address: _____ Email: _____ Phone: _____ PA HIC #: _____	<u>Fire Protection Contractor</u> Business Name: _____ Address: _____ Email: _____ Phone: _____ PA HIC #: _____

I hereby certify that this permit is authorized by the owner of record; that I have been authorized by the owner to make this application as his/her authorized agent; and I/We agree to conform to all applicable local, state, and federal legislation.

FORE DEMOLITION PERMITS: I hereby certify that I have checked all federal, state, and local laws regarding whether this property is marked as Historical. If property is deemed historical, I have notified the Township of this status.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____
(If different from above)