



# 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

<b>PROPERTY INFORMATION:</b>	<b>DATE SUBMITTED:</b> _____
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	

<b>CONTRACTOR INFORMATION:</b> <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](http://www.call811.com) BEFORE you dig \*\***



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