

Borough of Doylestown

Department of Building and Zoning

Commercial Building Permit Application

PROPERTY INFORMATION: (If applicant is tenant, owner letter required)

Property Address: _____	Tax ID Number: _____
Property Owner Name: _____	Owner Phone: _____
Property Owner Address: _____	
Cell or Business Phone: _____	

CONTRACTOR'S INFORMATION:

Company Name: _____	Phone: _____
Company Address: _____	
Contact Name: _____	Contact Phone: _____

ARCHITECT/ENGINEER INFORMATION:

Name: _____	Phone: _____
Address: _____	
Registration No: _____	

SITE/ BUILDING CHARACTERISTICS: (Attach 2 copies of site plan and architectural plans. Attach signed Application checklist)

Zoning District: _____	Historical District: Y or N _____
Lot Size: Sq. Ft _____	Coverage % _____
Lot Dimensions: Front: _____ Side: _____ Rear: _____ Side: _____	
Setbacks: Front: _____ Side: _____ Rear: _____ Side: _____	
Existing: _____	Proposed: _____
Building Area: sft Building Height: ft.	Building Area: sft. Building Height: ft.
Floor Area: sft No of Stories: _____	Floor Area: sft. No of Stories: _____

PLUMBING: (Attach Plans/Specs)

Circle One: Alteration Repair Addition New Const			
Master Plumber Name: _____			
Company: _____			
Address: _____			
Phone: _____		Reg # _____	
Item	#	Item	#
Special Waste		Disposal	
Dishwasher		Tank/Heater	
Toilet		Clothes Washer	
Humidifier		Laundry Tray	
Urinal/Bidet		Showers	
Rain Leader			
Sink			
Floor Drains		Size	
Basin		Size	
Ejector Pump		Size	
Sump Pump		Size	
Other			
Total Fixtures			

MECHANICAL: (Attach Plans)

Circle One: Alteration Repair Addition New Const			
Name: _____			
Company: _____			
Address: _____			
Phone: _____			
Total Fee:	_____		

ENERGY CONSERVATION: (Attach Plans)

R-Factors Walls:	Ceiling:	Floors:
U-Factors Windows:	Skylights:	Doors:
Green Points: _____		

Other Related Permits Needed:

Sprinklers	Pool
Fireplaces/Woodstoves	Fence
Road Opening	Other

Work Description:

Total Cost of Project:	_____

ELECTRICAL: (Attach Plans)

Circle One: Alteration Repair Addition New Const			
Name: _____			
Company: _____		Phone: _____	
Address: _____			
Separate underwriters inspection required			
Total Fee:	_____		

Borough of Doylestown

Department of Building and Zoning
Commercial Building Permit Application

Certification: I hereby certify that I am the owner of the subject property, or I am authorized by the owner to make this application, and that the work is authorized by the owner. I agree to comply with the Borough of Doylestown Code of Ordinances and the laws of the County of Bucks and the Commonwealth of PA. ACT 45 (UCC) . If a permit is issued as a result of the application, the Building Inspector is authorized to enter the property covered by such permit at any reasonable hour to inspect the work and enforce the provisions of the code. I understand I am responsible for scheduling all inspections.

Signature:
Print Name:

Date:

APPLICATION PROCESSING RECORD (Borough Office Use Only)

Permit Number	Type:			
	Zoning			
	New Construction			
	Renovation			
	Addition			
	Electrical			
	HVAC			
	Plumbing	Total fixtures:	x \$15 =	+ \$200 =
	L & I Fee	Total fee:		
	Others:			
Total fee:	Date:	Check Number:	Escrow:	Check Number:
Rec'd Date:	Rec'd Initials:			
HARB:	DEP:		Green Pts Meeting:	
ZHB:	BCWS:		Accessibility Plans	
Site Plans				
Architectural Plans:				
Plumbing Schematic:				
Shadow Plan:				
2 Checklists (Building Permit and Accessibility)				

APPLICATION REVIEW RECORD (Borough Office Use Only)

Date of Review:	Reviewer Signature:
Permit is: Approved Denied Returned Other:	

Comments/Conditions: