

BOROUGH OF COOPERSBURG

5 N. Main St. Coopersburg, PA 18036
Phone: 610-282-3307 Fax: 610-282-4668

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: \$ _____

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 Coopersburg. 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: _____
APPROVED BY: _____
TITLE: _____

FEES

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

PAYMENT

- CASH
 CHECK # _____
 IN MAIL

DISTRIBUTION LIST

- BOROUGH
 CODE OFFICE
 REGISTRAR
 ADMINISTRATION
 RIGHT TO KNOW