

# 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**

<b>PROPERTY OWNER NAME:</b> _____	<b>PHONE:</b> (____) _____
<b>PROJECT ADDRESS:</b> _____	<b>CELL:</b> (____) _____
<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____	<b>EMAIL:</b> _____
<b>TAX PARCEL #:</b> _____	
<b>APPLICANT NAME:</b> _____	<b>PHONE:</b> (____) _____
<b>APPLICANT ADDRESS:</b> _____	<b>CELL:</b> (____) _____
<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____	<b>EMAIL:</b> _____
<b>CONTRACTOR NAME:</b> _____	<b>PHONE:</b> (____) _____
<b>CONTRACTOR PA REGISTRATION #:</b> _____	<b>CELL:</b> (____) _____
<b>CONTRACTOR ADDRESS:</b> _____	<b>FAX:</b> (____) _____
<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____	<b>EMAIL:</b> _____

### BUILDING INFORMATION

<b>TYPE OF CONSTRUCTION OR IMPROVEMENTS:</b> <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	<b>PRINCIPAL TYPE OF FRAME:</b> <input type="checkbox"/> Masonry (Bearing Walls) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other _____	<b>DIMENSIONS:</b> No. of Stories _____ Total Sq. Ft. _____ (All Floors, Exterior Dimensions) No. of Bedrooms _____ No. of Bathrooms - Full _____ Partial _____ Total Building Lot Size _____ Sq. Ft.	
<b>SEWAGE DISPOSAL:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic Tank)	<b>WATER SUPPLY:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)	<b>HEATING FUEL:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Other _____	<b>PROPOSED USE:</b> <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> 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: \_\_\_\_\_

<b>OFFICE USE ONLY</b> PERMIT #: _____ DATE ISSUED: _____ APPROVED BY: _____ TITLE: _____	<b>FEES</b> BIA: \$ _____ BOROUGH: \$ _____ STATE: \$ _____ TOTAL: \$ _____	<b>PAYMENT</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> IN MAIL	<b>DISTRIBUTION LIST</b> <input type="checkbox"/> BOROUGH <input type="checkbox"/> CODE OFFICE <input type="checkbox"/> REGISTRAR <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> RIGHT TO KNOW
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