WILLISTOWN TOWNSHIP – 688 SUGARTOWN ROAD, MALVERN, PA 19355 (610.647.5300)

Classification: _____   Date Received: _____   Building Permit No #: _____

Classification Number: _____   Tax Parcel No. 54-_____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Property Owners Signature(s) _____
ALL names on deed must sign

IMPORTANT – Applicant to complete all items in sections: *I, II, III, & IV*	

I. LOCATION OF BUILDING	At (Location) _____ Zoning District _____ (No.) (Street) City _____ Subdivision _____ Lot _____

II. TYPE AND COST OF BUILDING – *ALL APPLICANTS COMPLETE PARTS A - D*

A. TYPE OF IMPROVEMENT
1. ☐ New Building
2. ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3. ☐ Alteration (See 2 above)
4. ☐ Repair, replacement
5. ☐ Demolition
6. ☐ Moving (relocation)
7. ☐ Foundation only

B. OWNERSHIP
8. ☐ Private (individual, corporation, nonprofit institution, etc.)
9. ☐ Public (Federal, State, or local government)

D. PROPOSED USE – For "Demolition" most recent use.

Residential
12. ☐ One family
13. ☐ Two or more – *Enter number of units* → _____
14. ☐ Transient hotel, motel, or dormitory – *Enter number of units* → _____
15. ☐ Accessory Structure
16. ☐ Swimming Pool
17. ☐ Other – *Specify:* _____
_____
_____

Non-residential
18. ☐ Assembly [A]
19. ☐ Business [B]
20. ☐ Educational [C]
21. ☐ Factory [F]
22. ☐ Institutional [I]
23. ☐ Mercantile [M]
24. ☐ Residential [R]
25. ☐ Storage [S]
26. ☐ Utility [U]
27. ☐ High Hazard [H]
28. ☐ UST-AST
29. ☐ Other – *Specify* _____

C. COST

	(Omit cents)	Nonresidential
10. Cost of Improvement …………….	$	
To be installed but not includes in the above cost		_____
[a] Electrical …………………..	$	_____
[b] Plumbing …………………..	$	_____
[c] Heating, air conditioning …...	$	
[d] Other (elevator, etc.) ……….	$	_____
11. TOTAL COST OF IMPROVEMENTS	$	

III. SELECTED CHARACTERISTICS OF BUILDINGS – *For new buildings and additions, complete Parts E – L; For demolition, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME
30. ☐ Masonry (wall bearing)
31. ☐ Wood frame
32. ☐ Structural steel
33. ☐ Reinforced concrete
34. ☐ Other – *Specify*
_____

F. PRINCIPAL TYPE OF HEATING FUEL
35. ☐ Gas
36. ☐ Oil
37. ☐ Electricity
38. ☐ Solar
39. ☐ Other – *Specify*
_____

G. TYPE OF SEWAGE DISPOSAL
40. ☐ Public or private company
41. ☐ Private (septic tank, etc)

H. TYPE OF WATER SUPPLY
42. ☐ Public or private company
43. ☐ Private (septic tank, etc.)

I. TYPE OF MECHANCIAL
Will there be central air conditioning?
44. ☐ Yes   45. ☐ No

Will there be an elevator?
46. ☐ Yes   47. ☐ No

J. DIMENSIONS
48. ☐ Number of stories …….. _____
49. ☐ Total square feet of floor area, all floors, based on exterior dimensions ……. _____
50. ☐ Total land area, sq. ft. …. _____

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed ……………….... _____
52. Outdoors …………………. _____

L. RESIDENTIAL BUILDINGS ONLY
53. Number of Bedrooms _____
54. Number of bathrooms
    Full ……………………. _____
    Partial …………………

NOTES AND DATA – (For Department Use)

IV. IDENTIFICATION – *TO BE COMPLETED BY ALL APPLICANTS*

	Name	Mailing Address - *Number, Street, City, and State*	Email	Cell Phone No.
Owner or Lessee				
Contractor				
Site Contact				

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – *FOR OFFICE USE*

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		$					
PLUMBING		$					
MECHANICAL		$					
ELECTRICAL		$					
OTHER _____		$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	#	By	Permit or Approval	Check	Date Obtained	#	By
BOILER (PA L&I)					**DEMOLITION**				
ROAD OCCUPANCY					**PA DOT**				
ELEVATOR (PA L&I)					**SEWER – PUBLIC**				
UTILITY					**WT HISTORIC**				
ZONING					**WT CONSER.TRUST**				
NPDES					**BRANDYWINE CONS. TRUST**				
S&E					**NATIONAL LAND TRUST**				
ACT 167					**CC HEALTH DEPT.**				

VII. VALIDATION

Building Permit Number: _____
Building Permit Issued: _____
Building Permit Fee: $_____

Certificate of Occupancy: _____   Approved By: _____

Plan Review Fee: $_____   _____

FOR DEPARTMENT USE ONLY	
USE GROUP	_____
FIRE GRADING	_____
LIVE LOADING	_____
OCCUPANCY LOAD	_____

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT:	
USE:	
FRONT YARD:	
SIDE YARD:	SIDE YARD:
REAR YARD:	
OFF STREET PARKING REQ.:	PROVIDED:
SIGNS; NUMBER:	SIZE OF EACH SIGN:

IX. PROJECT DOCUMENTS-OFFICE USE ONLY

TYPE DRAWING/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	☐ YES ☐ NO	☐ YES ☐ NO		
Soil Report	☐ YES ☐ NO	☐ YES ☐ NO		
Architectural Drawings	☐ YES ☐ NO	☐ YES ☐ NO		
Structural Drawings	☐ YES ☐ NO	☐ YES ☐ NO		
Mechanical Drawings	☐ YES ☐ NO	☐ YES ☐ NO		
Electrical Drawings	☐ YES ☐ NO	☐ YES ☐ NO		
Job Specifications	☐ YES ☐ NO	☐ YES ☐ NO		
Structural Connect. Drawings	☐ YES ☐ NO	☐ YES ☐ NO		
Structural Calculations	☐ YES ☐ NO	☐ YES ☐ NO		
Special Inspection Data	☐ YES ☐ NO	☐ YES ☐ NO		
Sprinkler Drawings	☐ YES ☐ NO	☐ YES ☐ NO		
Sprinkler Calculations	☐ YES ☐ NO	☐ YES ☐ NO		

X. DATA ENTRY

Application Received:

    By:

Application Received:

    By:

Data Entry:

    By: