



BOROUGH OF NEW HOPE

123 New Street, New Hope, PA 18938 ● Phone 215-862-3347 ● info@NewHopeBorough.org

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV and IX

I. BUILDING LOCATON	ADDRESS (LOCATION) _____ ZONING DISTRICT _____				
	BETWEEN _____ AND _____				
	SUBDIVISION _____	PARCEL # 27- _____	LOT SIZE _____		
II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D					
A. TYPE OF IMPROVEMENT (check all that apply) 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 – Full or Partial tear-down of building(s) (If multifamily residential, enter number of units in building in Part D, 13) 6. ___ Moving (relocation) 7. ___ Foundation Only	D. PROPOSED USE – For “Wrecking” most recent use <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Residential 12. ___ One Family 13. ___ Two or more family ___ Enter number of units 14. ___ Transient hotel, motel, dorm ___ Enter number of units 15. ___ Garage 16. ___ Carport 17. ___ Other – Specify _____ _____ _____ </td> <td style="width: 50%; vertical-align: top;"> Nonresidential 18. ___ Amusement, recreational 19. ___ Church, other religious 20. ___ Industrial 21. ___ Parking garage 22. ___ Service station, repair garage 23. ___ Hospital, institutional 24. ___ Office, bank, professional 25. ___ Public utility 26. ___ School, library, other educational 27. ___ Stores, mercantile 28. ___ Tanks, towers 29. ___ Other – Specify _____ _____ </td> </tr> </table>			Residential 12. ___ One Family 13. ___ Two or more family ___ Enter number of units 14. ___ Transient hotel, motel, dorm ___ Enter number of units 15. ___ Garage 16. ___ Carport 17. ___ Other – Specify _____ _____ _____	Nonresidential 18. ___ Amusement, recreational 19. ___ Church, other religious 20. ___ Industrial 21. ___ Parking garage 22. ___ Service station, repair garage 23. ___ Hospital, institutional 24. ___ Office, bank, professional 25. ___ Public utility 26. ___ School, library, other educational 27. ___ Stores, mercantile 28. ___ Tanks, towers 29. ___ Other – Specify _____ _____
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B. OWNERSHIP 8. ___ Private (individual, corporation, nonprofit, institution, etc.) 9. ___ Public (Federal, State or Local Government)					
C. COST 10. Cost of improvement..... <i>To be installed but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Heating / air conditioning..... d. Other (elevator, etc.)..... 11. TOTAL COST OF IMPROVEMENT	(Omit cents) \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Nonresidential – Describe in detail proposed use of buildings, i.e. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building, office building at industrial plant If use of existing building is changing, enter proposed use.			
III. SELECTED CHARACTERISTICS OF BUILDING –New buildings and additions, complete Parts E through L Wrecking, complete only Part J 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 _____	G. TYPE SEWAGE DISPOSAL 40. ___ Public or Private Company 41. ___ Private (septic tank, etc.)	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.....			
F. PRINCIPAL TYPE OF HEATING FUEL 35. ___ Gas 36. ___ Oil 37. ___ Electricity 38. ___ Coal 39. ___ Other – Specify _____	H. TYPE OF WATER SUPPLY 42. ___ Public or Private Company 43. ___ Private (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed..... 52. Outdoors.....			
	I. TYPE OF MECHANICAL Will there be central air conditioning? 44. ___ Yes 45. ___ No Will there be an elevator? 46. ___ Yes 47. ___ No	L. RESIDENTIAL BUILDINGS ONLY 53. Number of Bedrooms..... 54. Number of Bathrooms FULL PARTIAL			

IV. IDENTIFICATION – To be completed by all applicants

<p><u>Owner or Lessee Information:</u></p> <p>Applicant</p> <p>Contact Name</p> <p>Address</p> <p>City State Zip</p> <p>Phone</p> <p>Email</p> <p><u>Architect or Engineer</u></p> <p>Name</p> <p>Contact Name</p> <p>Address</p> <p>City State Zip</p> <p>Phone</p> <p>Email</p>	<p><u>Contractor</u></p> <p>Name Builder's License No.</p> <p>Contact Name</p> <p>Address</p> <p>City State Zip</p> <p>Phone</p> <p>Email</p> <p>I hereby certify that the owner of record authorizes the proposed work and that the owner has authorized me to make this application, as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.</p> <p>Signature of Applicant</p> <p>Address</p> <p>Address</p> <p>Date</p>
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DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – For office use only.

Plans Review Required	Check	Plan Review	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	Number	By	Permit Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER: _____					OTHER				



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VII. VALIDATION

Building Permit Number	_____	<u>FOR DEPARTMENT USE ONLY</u>
Building Permit Issued	_____	
Building Permit Fee	\$ _____	
Certificate of Occupancy	\$ _____	
Drain Tile	\$ _____	Approved by:
Plan Review Fee	\$ _____	Signature _____
		Title _____
		Use Group _____
		Fire Grading _____
		Live Loading _____
		Occupancy Load _____

VIII. ZONING PLAN EXAMINERS NOTES	
DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES:	

IX. SITE OR PLOT PLAN - For Applicant Use

