

THORNBURY TOWNSHIP, CHESTER COUNTY
 800 East Street Road, West Chester PA 19382
 ☎: 610.399.1425 | 📠: 610.399.6714
 ✉: administration@thornburytwp.com

BUILDING PERMIT APPLICATION

PROPERTY OWNER AND BUILDING INFORMATION					
Owner or Business Name				Phone	
Street Address			Apt	Zip	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	
			<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____	

COST OF CONSTRUCTION \$ _____

TYPE OF IMPROVEMENT	OWNERSHIP
1 <input type="checkbox"/> New Building	8 <input type="checkbox"/> Private
2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 10)	(Individual, Corporation, Non-profit Institution, etc.)
3 <input type="checkbox"/> Alteration (See 2 above)	9 <input type="checkbox"/> Public
4 <input type="checkbox"/> Repair, Replacement	(Federal, State, or Local Government)
5 <input type="checkbox"/> Pool	
6 <input type="checkbox"/> Decks	
7 <input type="checkbox"/> Porch	

PROPOSED USE - For "Wrecking" most recent use		
Residential	Non-Residential	
10 <input type="checkbox"/> One or Two Family	14 <input type="checkbox"/> Amusement, Recreational	21 <input type="checkbox"/> Public Utility
11 <input type="checkbox"/> Two or More Family	15 <input type="checkbox"/> Church, Other Religious	22 <input type="checkbox"/> School, Library, Educational
Enter Number of Units _____	16 <input type="checkbox"/> Industrial	23 <input type="checkbox"/> Stores, Mercantile
12 <input type="checkbox"/> Garage	17 <input type="checkbox"/> Parking Garage	24 <input type="checkbox"/> Tanks, Towers
13 <input type="checkbox"/> Other - Specify	18 <input type="checkbox"/> Service Station, Repair Garage	25 <input type="checkbox"/> Other - Specify
_____	19 <input type="checkbox"/> Hospital, Institutional	_____
_____	20 <input type="checkbox"/> Office, Bank, Professional	_____

SELECTED CHARACTERISTICS OF BUILDING	
PRINCIPAL TYPE OF FRAME	DIMENSIONS
26 <input type="checkbox"/> Masonry (wall bearing)	31 <input type="checkbox"/> Number of Stories _____
27 <input type="checkbox"/> Wood Frame	32 <input type="checkbox"/> Total square feet of floor area, all floors, based on exterior dimensions _____
28 <input type="checkbox"/> Structural Steel	33 <input type="checkbox"/> Total Land Area, sq. ft. _____
29 <input type="checkbox"/> Reinforced Concrete	
30 <input type="checkbox"/> Other - Specify	

PERMIT NO. _____

****CALL 811 OR VISIT www.call811.com BEFORE YOU DIG****

DESCRIPTION OF WORK - (All trades)

IDENTIFICATION - To be completed by all applicants

Property Owner or Lessee	Name	Mailing Address	
	Phone No.		

Contractor	Name	Mailing Address	PA License No.
	Phone No.		

Architect or Engineer	Name	Mailing Address	
	Phone No.		

I hereby certify that the proposed work is authorized by the owner of record, 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	Application Date
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