

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

FIRE PROTECTION PERMIT APPLICATION

PROPERTY OWNER AND BUILDING INFORMATION					
Owner or Business Name					Phone
Street Address				Apt	Zip
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 (Individual, Corporation, Non-profit Institution, etc.)
2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 10)	9 <input type="checkbox"/> Public (Federal, State, or Local Government)
3 <input type="checkbox"/> Alteration (See 2 above)	
4 <input type="checkbox"/> Repair, Replacement	
5 <input type="checkbox"/> Pool	
6 <input type="checkbox"/> Decks	
7 <input type="checkbox"/> Porch	

PERMIT NO. _____

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 <i>Enter Number of Units</i> _____	18 <input type="checkbox"/> Church, Other Religious	22 <input type="checkbox"/> School, Library, Educational
12 <input type="checkbox"/> Garage	16 <input type="checkbox"/> Industrial	23 <input type="checkbox"/> Stores, Mercantile
13 <input type="checkbox"/> Other - Specify _____	17 <input type="checkbox"/> Parking Garage	24 <input type="checkbox"/> Tanks, Towers
_____	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 _____	

FIRE PROTECTION TYPE:

- | | | |
|--|---|--|
| 34 <input type="checkbox"/> Sprinkler System | 37 <input type="checkbox"/> Hood Suppression System | 39 <input type="checkbox"/> Fire Alarm System |
| 35 <input type="checkbox"/> Stand Pipe | 37 <input type="checkbox"/> Fire Hydrants | 40 <input type="checkbox"/> Smoke Control System |
| 36 <input type="checkbox"/> Suppression System | 38 <input type="checkbox"/> Fire Pumps | 41 <input type="checkbox"/> Fire Detection System |
| | | 42 <input type="checkbox"/> Other - <i>Specify</i> |

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
_____	_____