



BOROUGH OF LANSDOWNE

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

12 E. Baltimore Avenue
Lansdowne, PA 19050
610-623-7300 • Fax 610-623-5533

PERMIT NO. _____

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

I. LOCATION OF BUILDING	AT (LOCATION) _____ ZONING DISTRICT _____
	(NO.) (STREET)
	BETWEEN _____ AND _____
	(CROSS STREET) (CROSS STREET)
SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____	

II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Fence</p> <p>6 <input type="checkbox"/> Decks</p> <p>7 <input type="checkbox"/> Porch</p>	<p>B. OWNERSHIP</p> <p>8 <input type="checkbox"/> Private (Individual, corporation, non-profit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST (Omit cents)</p> <p>10. Other TOTAL COST OF IMPROVEMENT \$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
--	---	---

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

<p>Residential</p> <p>12 <input type="checkbox"/> One or two family</p> <p>13 <input type="checkbox"/> Two or more family -- Enter number of units _____</p> <p>14 <input type="checkbox"/> Garage</p> <p>15 <input type="checkbox"/> Day Care</p> <p>16 <input type="checkbox"/> Other – Specify _____</p>	<p>Non-residential</p> <p>17 <input type="checkbox"/> Amusement, recreational</p> <p>18 <input type="checkbox"/> Church, other religious</p> <p>19 <input type="checkbox"/> Industrial</p> <p>20 <input type="checkbox"/> Parking garage</p> <p>21 <input type="checkbox"/> Service station, repair garage</p> <p>22 <input type="checkbox"/> Hospital, institutional</p> <p>23 <input type="checkbox"/> Office, bank, professional</p>	<p>24 <input type="checkbox"/> Public utility</p> <p>25 <input type="checkbox"/> School, library, other educational</p> <p>26 <input type="checkbox"/> Stores, mercantile</p> <p>27 <input type="checkbox"/> Tanks, towers</p> <p>28 <input type="checkbox"/> Other – Specify _____</p> <p><input type="checkbox"/> Existing Building</p>
--	--	---

Describe in detail proposed use of buildings, e.g., 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 at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>29 <input type="checkbox"/> Masonry (wall bearing)</p> <p>30 <input type="checkbox"/> Wood frame</p> <p>31 <input type="checkbox"/> Structural steel</p> <p>32 <input type="checkbox"/> Reinforced concrete</p> <p>33 <input type="checkbox"/> Other – Specify _____</p>	<p>F. DIMENSIONS</p> <p>34 Number of stories _____</p> <p>35 Total square feet of floor area, all floors, based on exterior dimensions _____</p> <p>36 Total land area, sq. ft. _____</p>
--	--

G. DESCRIPTION OF WORK -- (All Trades)

Date _____

IV. IDENTIFICATION – To be completed by all applicants

Name		Mailing address - Number, Street, City, and State	Zip Code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

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
------------------------	---------	------------------

V. SITE OR PLOT PLAN – For Applicant Use



ZONING PLAN EXAMINERS NOTES			
DISTRICT	USE		
FRONT YARD	SIDE YARD		
REAR YARD	SIDE YARD		
PERMIT INSPECTION RECORD	APPROVED		NOT APPROVED
FOOTINGS / FOUNDATION	DATE		
FRAMING	DATE		
PRE-FINAL	DATE		
FINAL	DATE		
NOTES			

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		\$					
STORM WATER		\$					
FIRE PROTECTION		\$					
ACCESSIBILITY		\$					
ENERGY CODE		\$					
OTHER _____		\$					

VALIDATION		FOR DEPARTMENT USE ONLY	
Building Permit issued _____ 20_____		Use Group	_____
Building Permit Fee \$ _____		Fire Grading	_____
Certificate of Occupancy \$ _____		Live Loading	_____
Drain Tile \$ _____		Occupancy Load	_____
Plan Review Fee \$ _____		Approved by:	_____
			DATE
			TITLE