

# LOWER MERION TOWNSHIP

## COMMERCIAL BUILDING PERMIT APPLICATION

DISTRICT # \_\_\_\_\_

75 East Lancaster Avenue, Ardmore, PA 19003-2376      610-645-6200

<b>LOCATION OF BUILDING</b>	<b>ADDRESS</b>			
	<small>Number</small>	<small>Street</small>	<small>Town</small>	
	<b>FLOOR</b>	<b>STENO.</b>	<b>ZONING</b>	
	<b>TENANT</b>	<b>LOT</b>	<b>BLOCK</b>	<b>UNIT</b>

**CONSTRUCTION**

02) <input type="checkbox"/> NEW MULT. FAMILY DWELLING	41) <input type="checkbox"/> TENANT FITOUT	67) <input type="checkbox"/> IMPRV. SURF. EXPANSION
03) <input type="checkbox"/> NEW BUSINESS BUILDING	44) <input type="checkbox"/> INTERIOR PARTITIONS	74) <input type="checkbox"/> WIRELESS COMM. FAC.
04) <input type="checkbox"/> NEW INSTITUTIONAL BUILDING	45) <input type="checkbox"/> FOUNDATIONS ONLY	75) <input type="checkbox"/> SATELLITE ANTENNA
05) <input type="checkbox"/> NEW PUBLIC BUILDING	46) <input type="checkbox"/> ELEVATOR	76) <input type="checkbox"/> TEMPORARY TENT
12) <input type="checkbox"/> ADDITION MULT. FAMILY DWELLING	47) <input type="checkbox"/> SPRINKLER SYSTEM	
13) <input type="checkbox"/> ADDITION BUSINESS BUILDING	49) <input type="checkbox"/> SPRINKLER REPAIR	
14) <input type="checkbox"/> ADDITION INSTITUTIONAL BUILDING	50) <input type="checkbox"/> FIRE SUPPRESSION HOOD	
15) <input type="checkbox"/> ADDITION PUBLIC BUILDING	51) <input type="checkbox"/> INTERIOR DEMOLITION	
22) <input type="checkbox"/> ALTERATION MULT. FAMILY DWELLING	52) <input type="checkbox"/> DEMOLITION BUILDING	
23) <input type="checkbox"/> ALTERATION BUSINESS BUILDING	53) <input type="checkbox"/> FIRE REPAIR	
24) <input type="checkbox"/> ALTERATION INSTITUTIONAL BUILDING	54) <input type="checkbox"/> SWIMMING POOL	
25) <input type="checkbox"/> ALTERATION PUBLIC BUILDING	56) <input type="checkbox"/> TENNIS COURT	
32) <input type="checkbox"/> REPAIR MULT. FAMILY DWELLING	57) <input type="checkbox"/> SIGN / AWNING	
33) <input type="checkbox"/> REPAIR BUSINESS BUILDING	58) <input type="checkbox"/> BLDG. OTHER _____	
34) <input type="checkbox"/> REPAIR INSTITUTIONAL BUILDING		
35) <input type="checkbox"/> REPAIR PUBLIC BUILDING		

<b>OWNERSHIP</b>	<b>COST</b>	<b>COST</b>	<b>CONTRACTOR'S NAME</b>		
81) <input type="checkbox"/> PRIVATE (IND., INST., CORP.)	98) COST OF GC CONST				
82) <input type="checkbox"/> PUBLIC (LOCAL, STATE, FED.)		ALARM .....			
<b>PROPOSED USE OF PROPERTY</b>		ELECTRICAL .....			
		92) <input type="checkbox"/> MULT. FAMILY DWELLING (#Units _____)	PLUMBING .....		
		93) <input type="checkbox"/> BUSINESS (Type) _____	SPRINKLER .....		
		94) <input type="checkbox"/> INSTITUTIONAL BUILDING	H.V.A.C. ....		
		95) <input type="checkbox"/> OTHER (Type) _____	99) <b>TOTAL COST</b>		
96) <input type="checkbox"/> PUBLIC BUILDING					

**FOR NEW BUILDINGS ONLY      SELECTED CHARACTERISTICS OF BUILDING**

<b>PRINCIPAL TYPE OF FRAME</b>	<b>TYPE OF SEWAGE DISPOSAL</b>	<b>DIMENSIONS</b>
<input type="checkbox"/> MASONRY (wall bearing) <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER Specify _____	<input type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> INDIVIDUAL (septic tank, etc.)	NUMBER OF STORIES .....
	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> INDIVIDUAL (well, cistern)	TOTAL SQ. FT. OF FLOOR AREA ALL FLOORS, BASED ON EXTERIOR DIMENSIONS
<b>PRINCIPAL TYPE OF HEATING FUEL</b> <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> OTHER Specify _____	<b>TYPE OF MECHANICAL</b> WILL THERE BE CENTRAL AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL LAND AREA, SQ. FT.
	WILL THERE BE AN ELEVATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF OFF-STREET PARKING SPACES (Enclosed)
	WILL THERE BE SPRINKLERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	OUTDOORS ..... <b>RESIDENTIAL BLDGS. ONLY</b> NUMBER OF BEDROOMS .....
		NUMBER OF BATHROOMS Full ..... Partial .....

IS THIS PROPERTY LOCATED WITHIN A DESIGNATED HISTORIC DISTRICT?     YES     NO

Appeal No.

Plan No.

Permit No.

Name	Mailing Address - Number, Street, City, State, Zip	Tel. No.
1. Property Owner		
2. Contractor		
3. Tenant		
4. 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. The issuance of this building permit authorizes Building Division employees the right to enter the property at reasonable hours for the purpose of conducting code inspections.  
**The content of the certificate of workers compensation insurance or affidavit on file with Lower Merion Township is still in effect with no changes in coverage of employees.**

Signature of Applicant	Address	Application Date
Print Name	Contact Phone #'s	
	Cell Phone #	
	E-mail Address:	

**DESCRIBE, IN DETAIL, THE WORK TO BE PERFORMED**

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**DO NOT WRITE BELOW**

**(OFFICE USE ONLY)**

PA STATE L & I			
FILE NO:	DRW NO:	DATE:	NOTES
APPROVED BY:	PERMIT FEE:	DATE ISSUED:	PERMIT #:
SITE INSPECTION FEE:	RECEIPT #:	EMPLOYEES:	<input type="checkbox"/> YES or <input type="checkbox"/> NO
IMPERVIOUS SURFACE %:	CURRENT CONTRACTORS LICENSE <input type="checkbox"/> YES or <input type="checkbox"/> NO		