

LOWER MERION TOWNSHIP
PERMIT REVISION REQUEST
610-645-6200



Date: _____ Permit #: _____ Inspector: _____

Job address: _____

Contractor: _____ Contact Name _____

Phone#: _____ E-mail address: _____

Category: _____
(Site plan change Building change Electric Plumbing HVAC/AC)

EXPLANATION OF CHANGE:

Additional cost of job: _____ Revision fee: _____ Receipt# _____

I hereby certify that the proposed change in work is authorized by the owner of record and that I have been authorized by the owner to submit this revision as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. The issuance of this revision authorizes Building and Planning Department 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 charges in coverage of employees.

Contacts Name(print)

Contact's signature

White – Township/permit jacket

Yellow – Twp Inspector.

Pink – Contractor/Home Owner