

Date Received _____

Permit No. _____

UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA

PO Box 210, 5671 Chestnut Street

Old Zionsville, PA 18068

Phone: (610) 966 – 3223; Fax: (610) 966 – 5184

Website: http://www.uppermilford.net

Zoning District: _____

Pin No. _____

BUILDING PERMIT / ZONING USE PERMIT APPLICATION

CONTACT INFORMATION:

Check who is responsible for permit.

Site Address: _____ Subdivision: _____

Property Owner: _____ Phone: _____ Fax: _____
Mailing Address: _____

Architect: _____ Phone: _____ Fax: _____
Mailing Address: _____

General Contractor: _____ Phone: _____ Fax: _____
Mailing Address: _____

APPLICATION FOR: (Check all that apply)

- New Building Addition Alteration Repair Demolition Relocation
- Foundation Only Change of Use Plumbing Mechanical Electrical Occupancy Change
- Repair Zoning (Structure or Use)

Describe the proposed work: _____

ESTIMATED COST OF CONSTRUCTION: *(reasonable fair market value)* \$ _____

DESCRIPTION OF BUILDING USE: *(Check One)*

RESIDENTIAL

- One-Family Dwelling (R – 3)
- Two-Family Dwelling (R – 3)

NON-RESIDENTIAL

Specific Use: _____
Use Group: _____
Change in Use: Yes No
If yes, Indicate Former: _____

BUILDING / SITE CHARACTERISTICS:

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Indicate type of Heating / Ventilating / Air Conditioning (i.e., electric, gas, oil, etc.) _____
Water Service: *(Check)* Public Private
Sewer Service: *(Check)* Public Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ Type Vent _____
Elevator / Escalators / Lifts / Moving Walks: *(Check)* Yes No
Sprinkler System: Yes No
Pressure Vessels: Yes No
Refrigeration Systems: Yes No

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BUILDING DIMENSIONS:

Existing Building Area: _____ square feet Number of Stories: _____

Proposed Building Area: _____ square feet Height of Structure Above Grade: _____ feet

Total Building Area: _____ square feet Area of the Largest Floor: _____ square feet

FLOODPLAIN:

Is the property located within an identified flood hazard area? (*Check One*) Yes No

Will any portion of the flood hazard area be developed? (*Check One*) Yes No N/A

Owner / Agent shall verify that any proposed construction and / or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3 and Township Ordinance No. 43*.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he / she will comply with all of the applicable codes, ordinances and regulations.

(Application for a permit shall be made for the *owner* or lessee of the building or structure, or *agent* of either or by the *registered design professional* employed in connection with the proposed work.)

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Directions to Site: _____

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ADDITIONAL PERMITS / APPROVALS REQUIRED:

<input type="checkbox"/> Street Cut / Driveway	Approved: _____
<input type="checkbox"/> Grading	Approved: _____
<input type="checkbox"/> PennDOT Highway Occupancy	Approved: _____
<input type="checkbox"/> DEP Floodway or Floodplain	Approved: _____
<input type="checkbox"/> Sewer Connection	Approved: _____
<input type="checkbox"/> On-Lot Septic	Approved: _____
<input type="checkbox"/> Zoning	Approved: _____
<input type="checkbox"/> Lehigh County Conservation District	Approved: _____
<input type="checkbox"/> Other	Approved: _____

APPROVALS:

Zoning Use Approval: Granted Denied Date _____

Application not approved because of: _____

Appeal form issued by: _____ on _____

Zoning Hearing Board appeal decision granted _____ denied _____ Date _____

Zoning Officer / Building Inspector Signature _____ Date _____

Building Permit Denied:	Date _____	Date Returned: _____
Building Permit Approved:	Date _____	
Code Administrator _____		
Date Issued _____	Date Expires _____	Permit # _____
Building Permit Fee	\$ _____	Permit # _____
Plumbing Permit (<i>if applic.</i>)	\$ _____	Permit # _____
Mechanical Permit (<i>if applic.</i>)	\$ _____	Permit # _____
Electrical Permit (<i>if applic.</i>)	\$ _____	Permit # _____
Total of All Fees Due	\$ _____	Receipt # _____
Non-Refundable Application Fee***	\$ _____	Receipt # _____
Balance after Application Fee Reduction	\$ _____	Receipt # _____

Note: Non-Refundable Application Fee will be used towards final fees due.

*** **Non-Refundable Application Fees vary depending on type of work being proposed.**

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BUILDING / ZONING INSPECTION CHECKLIST

(FOR CODE ADMINISTRATOR USE ONLY)

Address: _____ Permit #: _____

<u>Required</u>	<u>Type</u>	<u>Date</u>	<u>Inspector</u>	<u>Comments</u>
	Footer	_____	_____	_____
	Foundation	_____	_____	_____
	Plumbing / Rough-In	_____	_____	_____
	Plumbing / Final	_____	_____	_____
	Mechanical / Rough-In	_____	_____	_____
	Mechanical / Final	_____	_____	_____
	Service Electrical	_____	_____	_____
	Electrical / Rough-In	_____	_____	_____
	Electrical / Final	_____	_____	_____
	Framing	_____	_____	_____
	Fire Caulk / Insulation	_____	_____	_____
	App:	_____	_____	_____
	Final # 1	_____	_____	_____
	Stormwater Facilities	_____	_____	_____
	Temporary C / O	_____	_____	_____
	Date Expires	_____	_____	_____
	Certificate of Occupancy	_____	_____	_____