BUFFALO TOWNSHIP - CONSTRUCTION PERMIT APPLICATION

Date Application Received: _____

1. PROPERTY INFORMATION

☐ Location of Property: _____

☐ LOT & BLOCK or Parcel Number: _____ SUBDIVISION: _____

☐ Municipality: _____ County: _____

☐ OWNER NAME: _____

☐ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

☐ PHONE: (_____) _____

E-MAIL: _____

2. BUILDING PERMIT - SCOPE OF GENERAL CONSTRUCTION

☐ One Family Dwelling ___ Two Family Dwelling ____ Commercial Use / Type _____

☐ New Construction ____ Addition / Alterations ____ Repairs ____ Demolition ____

☐ TOTAL SQ. FT. of CONSTRUCTION: _____ Estimated Cost of Construction: _____

☐ **Plan Review Required:** **DESIGN PROFESSIONAL:** _____

☐ Address: _____

☐ CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ FAX: (_____) _____

☐

E-MAIL: _____

3. CONTRACTOR

☐ CONTRACTOR NAME: _____ REG # _____

☐ DBA: _____

☐ ADDRESS: _____

☐ CITY: _____ STATE: _____ ZIP: _____

☐ PHONE: (_____) _____ FAX: (_____) _____

☐ E-MAIL: _____

☐ The applicant is responsible for obtaining any required highway occupancy permits from the PA Dept. of Transportation as required under Section 402 of the state Highway Law (36P.S. & 670-420). I hereby certify that the above information is true and correct. I hereby agree that all applicable provisions of the Municipality's codes shall be complied with, as well as the requirements of the Municipal Sewer and Water Authority whether specified or not.

☐ I hereby certify that the above information is true and correct, and I acknowledge the Smoke Detector Requirements involved with any alterations, repairs and addition that requires Permits.

☐ APPLICANT / AGENT SIGNATURE: _____

PRINT NAME: _____ DATE: _____

****** FOR DEPARTMENT USE ONLY ******

BUILDING PERMIT APPLICATION: [ ] Approved [ ] Denied

BY: _____

DATE: _____ PERMIT NO. _____

Reason(s) for Denial: _____

_____

_____

BTWP PLAN REVIEW FEE: $ _____ . ____

Code.Sys REVIEW FEE: $ _____ . ____

TOWNSHIP ENG. REVIEW FEE: $ _____ . ____

STATE FEE: $ _____ . ____

TOTAL PERMIT FEE: $ _____ . ____

Please NOTE: ADDITIONAL FEES MAY APPLY

Complete All Sections for Selected PERMIT

ELECTRICAL PERMIT

☐ Location of Property: _____

☐ Municipality: _____ County: _____

☐ ELECTRICAL CONTRACTOR: _____ REG # _____

☐ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

☐ PHONE: (_____) _____ FAX: (_____) _____

E-MAIL: _____

1. SCOPE of ELECTRICAL WORK

☐ **NEW: [ ] ADDITION: [ ] ALTERATIONS / REPAIRS: [ ]**

☐ UTILITY COMPANY: _____ PHONE NO. _____

☐ WORK ORDER NUMBER: _____ CONTACT PERSON: _____

☐ DESCRIPTION OF WORK: _____

_____

☐ **ESTIMATED COST OF ELECTRICAL WORK: $ _____ . _____**

2. EQUIPMENT INFORMATION

NO:	EQUIPMENT	NO:	SIZE	EQUIPMENT	NO:	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	Amp Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	Amp Sub-Panels	_____	_____	KW Oven / Surface Unit
_____	Switches	_____	_____	Amp Sub-Panels	_____	_____	KW Electric Water Heater
☐ _____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP / KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa / Hot Tub	_____	_____	KW Central AC Unit	_____	_____	KW Baseboard Heat
_____	Swimming Pool	[ ] Above Ground		[ ] In Ground			
_____	OTHER: _____				_____		OTHER: _____

I hereby certify that the above noted information is true and correct. I hereby agree that all applicable provisions of the Municipality's codes shall be complied with, and I acknowledge the Smoke Detector Requirements involved with any alterations, repairs and additions that require Permits.

☐ APPLICANT / AGENT SIGNATURE: _____

PRINT NAME: _____ DATE: _____

****** FOR DEPARTMENT USE ONLY ******

ELECTRICAL PERMIT APPLICATION: [ ] Approved [ ] Denied

BY: _____

DATE: _____ PERMIT NO. _____

☐ Reason for Denial: _____

_____

_____

☐ ELECTRICAL REVIEW FEE: $ _____ . _____

STATE FEE: $ _____ . _____

TOTAL PERMIT FEE: $ _____ . _____

Please NOTE: ADDITONAL ENGINEERING FEES MAY APPLY

Complete All Sections for Selected PERMIT

PLUMBING PERMIT

☐ Location of Property: _____

☐ Municipality: _____ County: _____

☐ PLUMBING CONTRACTOR: _____ REG # _____

☐ ADDRESS: _____

☐ CITY: _____ STATE: _____ ZIP: _____

☐ PHONE: (_____) _____ FAX: (_____) _____

☐ E-MAIL: _____

1. SCOPE of PLUMBING WORK

- NEW: [ ] ADDITION: [ ] ALTERATIONS / REPAIRS: [ ]
- PUBLIC SEWER: [ ] PRIVATE SEPTIC: [ ]
- PUBLIC WATER: [ ] PRIVATE WELL: [ ]
- DESCRIPTION OF WORK: _____

_____

_____

- **ESTIMATED COST OF PLUMBING WORK: $ _____ . ____**

2. EQUIPMENT INFORMATION

NO:	EQUIPMENT	NO:	EQUIPMENT	NO:	EQUIPMENT
____	Water Closet	____	Urinal / Bidet	____	Bath Tub
____	Lavatory	____	Shower	____	Floor Drain
____	Sink	____	Dishwasher	____	Drinking Fountain
____	Washing Machine	____	Hose Bibb	____	Water Heater
____	Fuel Oil Piping	____	Gas Piping	____	Hot Water Boiler
____	Steam Boiler	____	Sewer Pump	____	Interceptor / Separator
____	Backflow Preventer	____	Grease Trap	____	Sewer Connection
____	Water Service Connection	____	Stacks	____	Others

TOTAL NUMBER of FIXTURES: _____

I hereby certify that the above noted information is true and correct, and I acknowledge and agree that all applicable provisions of the Municipality's codes shall be complied with, as well as the requirements of the Municipal Sewer and Water Authority

whether specified or not. I hereby acknowledge the Smoke Detector Requirements involved with any alterations, repairs and additions that require Permits.

APPLICANT / AGENT SIGNATURE: _____

PRINT NAME: _____ DATE: _____

****** FOR DEPARTMENT USE ONLY ******

PLUMBING PERMIT APPLICATION: [ ] Approved [ ] Denied

BY: _____

DATE: _____ PERMIT NO. _____

- Reason for Denial: _____

  _____

  _____

****

PLUMBING REVIEW FEE: $ _____ . ____

STATE FEE: $ _____ . ____

TOTAL PERMIT FEE: $ _____ . ____

Please NOTE: ADDITIONAL ENGINEERING FEES MAY APPLY

Complete All Sections for Selected Permit

MECHANICAL PERMIT

- Location of Property: _____
- Municipality: _____ County: _____
- MECHANICAL CONTRACTOR: _____ REG # _____
- ADDRESS: _____
- CITY: _____ STATE: _____ ZIP: _____
- PHONE: (_____) _____ FAX: (_____) _____
- E-MAIL: _____

1. SCOPE of MECHANICAL WORK

- HEATING SYSTEM: NEW: [ ] REPLACEMENT: [ ]
- FUEL: GAS: [ ] OIL: [ ] ELECTRIC: [ ] SOLAR: [ ]
- TYPE: HYDRONIC: [ ] FORCED AIR: [ ]
- COOLING SYSTEM: NEW: [ ] REPLACEMENT: [ ]
- TYPE: EXTERIOR CONDENSER: [ ] GEOTHERMAL: [ ]
  INTERIOR WALL UNIT: [ ]
- DESCRIPTION OF WORK: _____
  _____
  _____
- **ESTIMATED COST OF MECHANICAL WORK: $ _____ . ____**

2. EQUIPMENT INFORMATION

NO:	EQUIPMENT	NO:	EQUIPMENT	NO:	EQUIPMENT
____	Furnace	____	Natural Gas	____	Oil Tank
____	LPG Tank	____	Wood / Pellet	____	Fireplace
____	Other _____		Other _____		

TOTAL NUMBER OF FURNACES: _____ TOTAL NUMBER OF AC UNITS: _____

- I hereby certify that the above information is true and correct, and I acknowledge and agree that all applicable provisions of the Municipality's code shall be complied with. I hereby acknowledge the Smoke Detector Requirements involved with any alterations, repairs and additions that require Permits.

- APPLICANT / AGENT SIGNATURE: _____

- PRINT NAME:_____ DATE: _____

******** FOR DEPARTMENT USE ONLY ********

MECHANICAL PERMIT APPLICATION: [ ] Approved [ ] Denied

BY: _____

DATE: _____ PERMIT NO. _____

Reason For Denial: _____

_____

_____

MECHANICAL REVIEW FEE: $ _____ . ____

STATE FEE: $ _____ . ____

TOTAL PERMIT FEE: $ _____ . ____

Please NOTE: ADDITIONAL ENGINEERING FEES MAY APPLY