

## BOROUGH OF SHARON HILL

250 Sharon Ave, Sharon Hill, PA 19079 Phone (610) 586 -8200 \* Fax (610) 586 -3991

## **BUILDING PERMIT APPLICATION**

## **Residential Submission Requirements**

- Completed building permit application
- Contractor's Pennsylvania Attorney General license or Sharon Hill Contractor's License.
- Certificate of insurance naming the Borough of Sharon Hill as the certificate holder.
- Copy of the contract with the property owner.
- Site plan.
- Floor plan
- Sectional details
- Permit fee
- Plan review fee
- 4 copies of construction documents

## **Commercial Submission Requirements**

- Completed building permit application
- Contractor's Pennsylvania Attorney General license or Sharon Hill Contractor's License.
- Certificate of insurance naming the Borough of Sharon Hill as the certificate holder.
- Copy of the contract with the property owner.
- Site plan.
- Floor plan
- Sectional details
- Permit fee
- Plan review fee
- 4 copies of construction documents with seal and signature

I Address of the Project:	
$\mathbf{n}$	IDENTIFICATION
Property Owner's Name:	
Property Owner's Address:	
Property Owner's Phone No.:	
Property Owner's Email Address:	
Contractor:	
Contractor's Address:	
Contractor's Phone No.	
Contractor's Email Address:	
	TYPE OF WORK
Classification of Work:	
Will any space be converted to bedro	om? YES / NO
Will any unfinished space be convert	ed to habitable space? YES / NO
Will any residential kitchens or bath	rooms be added? YES / NO
	Continue to the next page

	DESCRIBE THE WORK TO BE P	EKFORMED
IV	EEE COUEDIU E & COST O	E DDO HECT
	FEE SCHEDULE & COST O	
	DOUBLE IF WORK BEGINS PRIOR	
	AN APPLICATION AND PAYMENT D	OES NOT CONSTITUTE BEING
ISSUED A PERM		007000
Residential Permit Fee	\$74.50 for the first \$1,000 of the cost	\$25.00 for each additional \$1,000 of the
C IID I	of the project.	total cost of the project.
Commercial Permit Fee	\$84.50 for the first \$1,000 of the cost	\$30.00 for each additional \$1,000 of the
Cost of the Project:	of the project.  \$ Check#	total cost of the project.
Cost of the Project.	S Check#	
V	Contact Person / App	licant
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Printed Name	Contact Person / App	
Printed Name Signature	Contact Person / App	Phone#
Printed Name Signature Email Address	Contact Person / App	Phone#
V Printed Name Signature Email Address Mailing Address	Contact Person / App	Phone#
Printed Name Signature Email Address	Contact Person / App	Phone#
Printed Name Signature Email Address Mailing Address		Phone#
Printed Name Signature Email Address Mailing Address		Phone#
Printed Name Signature Email Address Mailing Address	h use only.	Phone# Date
Printed Name Signature Email Address Mailing Address		Phone#   Date
Printed Name Signature Email Address Mailing Address	h use only.	Phone#   Date
Printed Name Signature Email Address Mailing Address	h use only.	Phone# Date
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Printed Name Signature Email Address Mailing Address  Area below is for Boroug	h use only.	Phone# Date
Printed Name Signature Email Address	h use only.	Phone#   Date
Printed Name Signature Email Address Mailing Address  Area below is for Boroug	h use only.	Phone# Date