

**BOROUGH OF POTTSTOWN**

**Building /Zoning Permit Application**

**MUST BE TYPED OR PRINTED IN INK      610-970-6520   FAX 610-970-6599**

**PAYMENT NOT ACCEPTED UNTIL APPROVED**

**Property address:** \_\_\_\_\_

Is property in **historic district**?   Yes   No      Exterior work?   Yes   No

**Circle** all that apply for use of property:   Single Family; Multi-unit Residential; Owner occupied  
Rental property; Single unit commercial; Multi-unit commercial \_\_\_\_\_ # of units;  
Describe use: Residential; Office; Retail; Service; Restaurant; Warehouse; Other (Be specific  
and all inclusive): \_\_\_\_\_

**Circle ALL** that are existing on property:   garage, shed, parking area, driveway, signs, fence,  
deck, pool, porch, other (describe): \_\_\_\_\_

Proposed project start date: \_\_\_\_\_   Expected finished date: \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_   Phone: \_\_\_\_\_

**Property Owner's Address:** \_\_\_\_\_

Project contact person: \_\_\_\_\_   Phone: \_\_\_\_\_

**COST** of project: \$ \_\_\_\_\_

**\*\* DO NOT INCLUDE COST FOR PLUMBING, ELECTRICAL, OR MECHANICAL - SEPARATE  
PERMITS ARE REQUIRED FOR THESE \*\***

**DESCRIBE IN DETAIL work to be done** (Note dimensions, type and extent of work,  
materials, location,) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fee** :\$ \_\_\_\_\_

State Surcharge: \$    4.00

Total Permit Fee \$ \_\_\_\_\_

**COMPLETE OTHER SIDE ALSO**



**Submit Complete Plans and Work Order With Application.** If exterior work, show distances from property lines.

**Incomplete Information or Plans May Delay or cause Denial of Issuing of Permit.**

Contractor's Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on License \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_

List other contractor's and their information on additional sheet. Attached # of sheets \_\_\_\_\_

Received HARB Approval ? YES NO When?: \_\_\_\_\_

**I hereby make application for a Building / Zoning Permit in accordance with specification and plans herewith submitted and subject to all requirements of the Pottstown's Borough Codes. I grant permission to Borough's employees and or agents to enter property for inspections purposes.**

Owner's name (printed): \_\_\_\_\_

Authorized Agent of Owner (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by : \_\_\_\_\_ Date: \_\_\_\_\_

**PERMIT FEES ARE NON-REFUNDABLE**

**FEES: \$60.00 for the first \$2,000.00 and then 3% of the construction costs**

**PLEASE NOTE:**

**PLAN REVIEW FEES MAY BE APPLICABLE**

**(REVIEW FEES ARE NOT INCLUDED IN THIS PERMIT FEE)**

**Review fee based on square footage - \$.40 per sq ft / \$250.00 minimum payable to Borough of Pottstown upon submittal of construction plans.**



## *Borough of Pottstown*

*Borough Hall, 100 East High Street  
Pottstown, Pennsylvania 19464-9525*

*610-970-6520 fax 610-970-6599*

### **\$100.00 DEPOSIT APPLICATION**

***MUST BE TYPED OR PRINTED IN INK***

NAME \_\_\_\_\_  
(PERSON / BUSINESS PAYING THE \$100.00 DEPOSIT)

ADDRESS OF PERSON / BUSINESS PAYING THE DEPOSIT:

\_\_\_\_\_  
\_\_\_\_\_

PERMIT # \_\_\_\_\_

WORKSITE ADDRESS \_\_\_\_\_

**I HEREBY REQUEST RELEASE OF DEPOSIT UPON FINAL INSPECTION. I UNDERSTAND THAT THE REFUNDS ARE PAID AT THE END OF EACH MONTH, AND THIS REQUEST WILL BE PROCESSED ACCORDINGLY.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE INFORMATION ABOVE WILL ENSURE THE BOROUGH OF POTTSTOWN CAN RETURN THE DEPOSIT AFTER FINAL INSPECTION HAS OCCURRED.**

SIGNATURE OF CODES OFFICER \_\_\_\_\_

DATE OF FINAL INSPECTION \_\_\_\_\_

SIGNATURE/CODES MANAGER \_\_\_\_\_