

# LOWER OXFORD TOWNSHIP

220 Township Road • Oxford • PA • 19363  
Phone: 610-932-8150 ~ Option 3 • Fax: 610-932-2367

**STAMPED/SEALED PLANS MUST ACCOMPANY PERMIT APP.**

## BUILDING PERMIT & APPLICATION

### NEW COMMERCIAL BUILDING

\*\*\*PLAN REVIEW REQUIRED\*\*\*

<b>TPI #</b> 56-____-____	<b>Date of Application:</b> ____/____/____	<b>Permit #</b> LOT19-____C
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<b>Owner:</b>		Cell No.	
Property Address:		Phone No.	

<b>Tenant:</b>		Cell No.	
Address:		Phone No.	

<b>Contractor:</b>		Cell No.	
Address:		Phone No.	

<b>S/D Name:</b>		<b>Lot No.:</b>		<b>Lot Size:</b>	Acre(s)	<b>Non-Conforming Lot?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type:</b>	New Commercial Building	<b>Use:</b>	Residential	<b>Zoning District:</b>	C-1, C-2, C-3, I-1	<b>Zoning Variance Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DIMENSIONS</b>	<b>Width:</b>	<b>Length:</b>	<b>Total Sq. Ft.</b>	<b>SWM Waiver Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
				<b>Utilize Existing Impervious?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq. ft.		
				<b>SWM Plan Required?</b> <input type="checkbox"/> Per LDP <input type="checkbox"/> NPDES Permit		

**Remarks:** Please contact Commercial Building Inspector at least 24 hours prior to each inspection (Refer to plan review sheet). Three (3) sets of plans required for plan review.

I hereby certify that the work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. We also understand that all information contained in this building permit application is agreed to be essential, and any erroneous information contained herein shall render the Permit invalid ab initio, without regard to whether construction has commenced.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Contractor (if Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approval of BCO: \_\_\_\_\_ Date: \_\_\_\_\_

Theresa B. Dugan, BCO (#006402)

<b>Estimated Cost of Project: \$</b>	<b>Permit Fee \$</b>
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<b>Method of Payment:</b> <input type="checkbox"/> Check # _____ (Payable to "Lower Oxford Township")	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash
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**Proposed Use:**

<input type="checkbox"/> Amusement/Recreational	<input type="checkbox"/> Church, other religious	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Educational/School
<input type="checkbox"/> Service Station, repair garage	<input type="checkbox"/> Hospital, Institutional	<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Stores, Mercantile	<input type="checkbox"/> Other
<input type="checkbox"/> Public Utility	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> School, Library, other educational	<input type="checkbox"/> Tanks, Towers	

<b>Ownership:</b> <input type="checkbox"/> Private (Individual, corporation, non-profit Institution, etc.) or <input type="checkbox"/> Public (Federal, State, or Local Government)
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<b>Principal Type of Frame:</b> <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Mobile
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<b>Principal Type of Heating Fuel:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other - Specify: _____
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<b>Type of Sewage Disposal:</b> <input type="checkbox"/> Private (septic tank, etc.) <input type="checkbox"/> Existing <input type="checkbox"/> New (Needs CCHD approval) <input type="checkbox"/> Public or Private Company
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<b>Type of Water Supply:</b> <input type="checkbox"/> Private (well, cistern) <input type="checkbox"/> Existing <input type="checkbox"/> New (Needs CCHD approval) <input type="checkbox"/> Public or Private Company
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<b>Type of Mechanical:</b> Central Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Driveway/Entrance Permit Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - <input type="checkbox"/> Township - <input type="checkbox"/> PennDOT (Applicant submits directly to State) <input type="checkbox"/> Existing
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➤ Permit becomes invalid if work is not commenced within 180 days of issuance or, work is suspended or abandoned for more than 180 days after work begins

➤ Permit holder may request an extension to begin construction...approval must be in writing.

No permit may be valid for more than 5 years from its issue date

Payment to Secretary/Treasurer: _____/_____/_____ Blue Weather Card to Building Inspector: _____/_____/_____
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Certificate of Occupancy Issued: _____/_____/_____
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**\*\*\*SEE ATTACHED FEE SCHEDULE\*\*\***

THIS PERMIT CONVEYS NO RIGHT TO OCCUPY ANY STREET, ALLEY OR SIDEWALK OR ANY PART THEREOF, EITHER TEMPORARILY OR PERMANENTLY ENCROACHMENTS ON PUBLIC PROPERTY, NOT SPECIFICALLY PERMITTED UNDER THE BUILDING CODE, MUST BE APPROVED BY THE JURISDICTION, STREET OR ALLEY GRADES AS WELL AS DEPTH AND LOCATION OF PUBLIC SEWERS MAY BE OBTAINED FORM THE DEPARTMENT OF PUBLIC WORKS. THE ISSUANCE OF THIS PERMIT DOES NOT RELEASE THE APPLICANT FROM THE CONDITIONS OF ANY APPLICABLE SUBDIVISION RESTRICTIONS.

<p><b>MINIMUM OF THREE CALLED INSPECTIONS REQUIRED FOR ALL CONSTRUCTION WORK:</b></p> <ol style="list-style-type: none"> <li>1) FOUNDATIONS OR FOOTINGS.</li> <li>2) PRIOR TO COVERING STRUCTURAL MEMBERS (READY FOR LATH OR FINISH COVERING).</li> <li>3) FINAL INSPECTION BEFORE OCCUPANCY.</li> </ol>	<p><b>APPROVED PLANS MUST BE RETAINED ON JOB AND THIS CARD KEPT POSTED UNTIL FINAL INSPECTION HAS BEEN MADE. WHERE A CERTIFICATE OF OCCUPANCY IS REQUIRED, SUCH BUILDING SHALL NOT BE OCCUPIED UNTIL FINAL INSPECTION HAS BEEN MADE.</b></p>
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**POST THIS CARD SO IT IS VISIBLE FROM STREET**

BUILDING INSPECTION APPROVALS	ELECTRICAL INSPECTIONS	HEATING/PLUMBING INSPECTIONS
		DATE CERTIFICATE OF OCCUPANCY ISSUED: _____  ISSUED BY: _____

WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION.

**PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION WORK IS NOT STARTED WITHIN SIX MONTHS OF DATE THE PERMIT IS ISSUED:**

INSPECTIONS INDICATED ON THIS CARD CAN BE ARRANGED FOR BY TELEPHONE OR WRITTEN NOTIFICATION.