

LOWER OXFORD TOWNSHIP

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

PLAN REVIEW REQUIRED

BUILDING PERMIT & APPLICATION COMMERCIAL - SINGLE EVENT PERMIT Communication Tower Additions/Reductions And/or Structural Modifications

C of O Issued: ____/____/____

TPI # 56-____-____	Date of Application: ____/____/____	Permit # LOT-20-____-C-SEV
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Owner:		Cell No.	
Property Address:		Phone No.	

Tenant:		Cell No.	
Address:		Phone No.	

Contractor:		Cell No.	
Address:		Phone No.	

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

Scope of Work:

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: _____
Scott Moran, BCO (PA UCC #4426)

Estimated Cost of Project: \$ _____	Permit Fee \$ _____
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Method of Payment: <input type="checkbox"/> Check # _____ (Payable to Lower Oxford Township) <input type="checkbox"/> Money Order <input type="checkbox"/> Cash (No Credit Cards Accepted)
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- Permit becomes invalid if work is not commenced within 180 days of issuance or if 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: ____/____/____

Building Inspector: Scott Moran – 610-637-1003

Lower Oxford Township

Permit for Application for Communication Tower Additions/Reductions and/or Structural Modifications

Application

Three (3) Copies of Plans - Stamped or Certified Engineered – Plan Review Required.

Certificate of Liability Form (from Contractor)

Collection of Fees:

- Permit Fee..... \$200.00
- Plan Review..... \$100.00
- Inspections (Refer to Building Inspector’s Plan Review) \$100.00 @
- Re-Inspection for Failed Inspections \$100.00 @
- Certificate of Occupancy (C of O) \$25.00
- UCC Fee..... \$4.50

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