

Borough of Ivyland

991 Pennsylvania Avenue, Ivyland, PA 18974 • 215-675-0110 • FAX: 215-675-8553

CODES DEPARTMENT

Application for Plan Examination, Use, and Building Permit

PERMIT NUMBER

NAME OF APPLICANT

PHONE

IMPORTANT: Applicant to complete all items in Sections I, II, III, IV, VIII, and IX. Include two copies of the plans.

I. Location of Building	Address				
	Zoning District	Tax Map Parcel No.	Lot No.	Lot Size	<input type="checkbox"/> Corner Lot

II. Type and Cost of Building: All Applicants to complete Parts A - D

A. Type of Improvement		D. Proposed Use																							
<p>1. <input type="checkbox"/> New Building</p> <p>2. <input type="checkbox"/> Addition (If residential, enter number of new housing units, if any, in Part D, 13)</p> <p>3. <input type="checkbox"/> Alteration (see 2 above)</p> <p>4. <input type="checkbox"/> Repair, Replacement, Maintenance</p> <p>5. <input type="checkbox"/> Demolition (If multi-family residence, enter number of units in building in Part D, 13)</p> <p>6. <input type="checkbox"/> Moving (relocation)</p> <p>7. <input type="checkbox"/> Foundation only</p>		<table border="1"><tr><td>Residential</td><td>Nonresidential</td></tr><tr><td>12. <input type="checkbox"/> One Family</td><td>18. <input type="checkbox"/> Amusement, recreational</td></tr><tr><td>13. <input type="checkbox"/> Two or more family – enter no. of units _____</td><td>19. <input type="checkbox"/> Church, other Religious</td></tr><tr><td>14. <input type="checkbox"/> Garage</td><td>20. <input type="checkbox"/> Industrial</td></tr><tr><td>15. <input type="checkbox"/> Carport</td><td>21. <input type="checkbox"/> Institutional</td></tr><tr><td>16. <input type="checkbox"/> Decks, patios, porches, etc.</td><td>22. <input type="checkbox"/> Office, professional</td></tr><tr><td>17. <input type="checkbox"/> Other (specify) _____</td><td>23. <input type="checkbox"/> Public Utility</td></tr><tr><td>_____</td><td>24. <input type="checkbox"/> School, Educational</td></tr><tr><td>_____</td><td>25. <input type="checkbox"/> Stores, Mercantile</td></tr><tr><td>_____</td><td>26. <input type="checkbox"/> Tanks, Towers</td></tr><tr><td></td><td>27. <input type="checkbox"/> Other (specify) _____</td></tr></table>		Residential	Nonresidential	12. <input type="checkbox"/> One Family	18. <input type="checkbox"/> Amusement, recreational	13. <input type="checkbox"/> Two or more family – enter no. of units _____	19. <input type="checkbox"/> Church, other Religious	14. <input type="checkbox"/> Garage	20. <input type="checkbox"/> Industrial	15. <input type="checkbox"/> Carport	21. <input type="checkbox"/> Institutional	16. <input type="checkbox"/> Decks, patios, porches, etc.	22. <input type="checkbox"/> Office, professional	17. <input type="checkbox"/> Other (specify) _____	23. <input type="checkbox"/> Public Utility	_____	24. <input type="checkbox"/> School, Educational	_____	25. <input type="checkbox"/> Stores, Mercantile	_____	26. <input type="checkbox"/> Tanks, Towers		27. <input type="checkbox"/> Other (specify) _____
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B. Ownership																									
8. <input type="checkbox"/> Private (individual, corporation, non-profit institution, etc.)																									
9. <input type="checkbox"/> Public (Federal, State or Local Government)																									
C. Cost	(OMIT CENTS)	Nonresidential: Describe proposed use of building; e.g. food processing plant, machine shop, school, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____ _____																							
10. Cost of Improvement to be installed but not included in the above cost:	\$ _____																								
a. Electrical	\$ _____																								
b. Plumbing	\$ _____																								
c. Heating, Air Conditioning	\$ _____																								
d. Other (elevator, etc.)	\$ _____																								
11. Total Cost of Improvement	\$ _____																								

III. Selected Characteristics of Building: For new building and additions, complete parts E - L; for demolition, complete only Part J

E. Principal Type of Frame	G. Type of Sewage Removal	J. Dimensions	
28. <input type="checkbox"/> Masonry (wall bearing)	38. <input type="checkbox"/> Public or Private Company		
29. <input type="checkbox"/> Wood Frame	39. <input type="checkbox"/> Private (Septic Tank, etc.)	46. Number of Stories : _____	47. Total square feet of floor area all floors, based on exterior including garage, attic, basement, crawl space. _____
30. <input type="checkbox"/> Structural Steel	H. Type of Water Supply		
31. <input type="checkbox"/> Reinforced Concrete	40. <input type="checkbox"/> Public or Private Company		
32. <input type="checkbox"/> Other (Specify) _____	41. <input type="checkbox"/> Private (Well or Cistern)		
F. Principal Type Heating Fuel	I. Type of Mechanical	K. Number of Off-Street Parking Spaces	
33. <input type="checkbox"/> Gas	Will there be central air conditioning?	49. Enclosed _____ Outdoor _____	
34. <input type="checkbox"/> Oil	42. <input type="checkbox"/> Yes 43. <input type="checkbox"/> No	L. Residential Buildings Only	
35. <input type="checkbox"/> Electricity	Will there be an elevator?		
36. <input type="checkbox"/> Coal	44. <input type="checkbox"/> Yes 45. <input type="checkbox"/> No	50. Number of Bedrooms _____	
37. <input type="checkbox"/> Other (Specify) _____		51. Number of Bathrooms Full _____ Partial _____	

Brief Explanation of Work to Be Done and Materials to Be Used

IV. Identification – to be completed by all applicants				
Name		Mailing Address – Number, Street, City, and State	Zip Code	Telephone
1. Owner or Lessee				
2. Contractor				
3. Architect or Engineer				
I hereby certify that the proposed work is authorized by the owner of record, and that I have been authorized by the owner to make this application as his authorized agent, and that we agree to conform to all applicable laws of this jurisdiction.				
Signature of Applicant**		Address	Application Date	

****I verify that my response to these questions are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities**

V. Fee Schedule	Amount	Approved	By	1st Disapp.	By	2nd Disapp.	By
Plan Review							
Use, Zoning							
Building							
Plumbing							
Mechanical							
Electrical							
Fire							
Compliance Escrow							
Park & Recreation							
Traffic Impact (TSAI)							
Traffic Impact (TSAII)							
Other							

VI. Additional Permits Required or Other Jurisdiction Approvals									
Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Bucks County Board of Health									
Bucks County Conservation District					PA Department of Labor & Industry				
Certificate of Appropriateness/BOS					PennDOT				
Code Official Appeal					Right-of-Way/Driveway				
Conditional Use Approval					Sewer Service				
Elevator					Water Utility				
Final Plan Approval					Zoning Hearing Board Appeal				
Grading					Board of Appeals				
Historic					Other _____				

Comments and Conditions:

VII. Validation	
Plan Review Fee \$ _____	
Building Permit Number _____	
Building Permit Issued _____ 20 _____	Approved by: _____
Building Permit Fee \$ _____	
Certificate of Occupancy \$ _____	Code Official _____

VIII. To Be Filled In By Applicant

Zoning District

Use

Front Yard

Left Side Yard (Facing Bldg.)

Right Side Yard (Facing Bldg.)

Rear Yard

Notes

IX. Site or Plot Plan – For Applicant Use

A large grid for site or plot plan drawing, consisting of 20 columns and 30 rows. A north arrow is located in the bottom right corner, consisting of a circle with a horizontal line through it and the letter 'N' to its right.