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| | | Department Use Only |
| | Palmer Twp Building and Zoning Department | Permit #: |
| | 3 Weller Place | Issued Date: |
| | Palmer, PA 18043-3039 Ph. (610) 253-7191 Fax (610) 253-9957 | Issued By: |

| Job Site Information | Owner Information |
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| Address: | Name: |
| City: Palmer State: PA | Address: |
| Tax Map: Deed Map: | City/State/Zip: |
| Subdivision: | Telephone: |
| Parcel/Block/Unit/Lot: /// | Zoning Dist: Corner Lot: |

| Applicant Information | Contractor Information |
|-----------------------|------------------------|
|-----------------------|------------------------|

| | |
|-------------------|-------------------|
| Name: | Name: |
| Address: | Address: |
| City/State/Zip: , | City/State/Zip: , |
| Telephone: | Telephone: |

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 from the Department of Public Works. The issuance of this permit does not release the applicant from the conditions of any applicable subdivision restrictions.

1. All applicable inspections must be called for with a minimum of twenty-four (24) hours notice to the building department.
2. Approved plans must be retained on the 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.
3. Work shall not proceed until the inspector has approved the various stages of construction.
4. Plumbing/Sewer Permits - A house trap with a fresh air vent and clean out is required on all buildings.
5. Permit will become null and void if construction work is not started within six months of the date the permit is issued, as noted above.

Work Description:

| Permit Fees |
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|------------------------------|---------------------------|
| Applicant's Signature: _____ | Grand Total: _____ |
| Date: _____ | |
| Contact Name: _____ | |
| Phone: _____ | |