

**BOROUGH OF HATBORO**  
**414 S. YORK ROAD**  
**HATBORO, PA 19040**

Phone: 215 443-9100  
 Fax: 215 443-0182  
 www.hatborogov.com

**APPLICATION FOR PLAN EXAMINATION  
 AND BUILDING PERMIT**

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input checked="" type="checkbox"/> Building (B)	<input checked="" type="checkbox"/> Electrical (E) <input checked="" type="checkbox"/> Mechanical (M)	<input checked="" type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
-----------------------------	---	--	---	--------------------------

**1. PROPERTY INFORMATION**

Street Address <b>51 S. YORK</b>	Apt.	Zip <b>19040</b>	Parcel Number <b>08-00-06507</b>	Zoning <b>95-5 COMM.</b>
Subdivision <b>SEE DWG.</b>	Lot Number	Parcel Type <input checked="" type="checkbox"/> Residential (R) <input checked="" type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)	

**2. OWNER INFORMATION**

First Name <b>ALBERT</b>	Last name or Business Name <b>GENTILE, JR.</b>	Phone <b>ED BRIDGE 610-490-0580</b>
Street Address <b>219 CENTER SQUARE ROAD</b>	City <b>SWEDESBORO</b>	State Zip <b>NJ 08085</b>

**3. CONTRACTORS INFORMATION**

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer	<b>215-072-1155</b> <b>CREATIVE DESIGN ASSOC.</b>	<b>350 CALLOWHILL RD</b> <b>CURLFORD, PA</b>		<b>RA008011X</b>
General Contractor				
Excavation	<b>TO BE DETERMINED AS BID OR NEGOTIATED</b> <b>ALL WILL BE PA. REGISTERED &amp; INSURED.</b> <b>INFO AVAILABLE AT SITE DURING SCHEDULED INSPECTIONS PER PERMITS.</b>			
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

**4. CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE NO.

5. BUILDING PERMIT APPLICATION

For Dept. Use Only Request Plan No. Assignment (Y/N)	Plan Number	<b>PROPOSED USE:</b> <b>ASSEMBLY</b> <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) <b>EDUCATIONAL</b> <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8) <b>FACTORY</b> <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)	<b>INSTITUTIONAL</b> <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15) <b>RESIDENTIAL</b> <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21)	<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM
<b>IMPROVEMENT TYPE:</b> <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input checked="" type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)				

<b>Structural</b> (check that applicable) <b>Frame</b> <input checked="" type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input checked="" type="checkbox"/> Masonry (2) <input checked="" type="checkbox"/> Wood (4)	<b>Exterior</b> (Check those applicable) <b>Walls</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input checked="" type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)
--	---

Are any structural assemblies fabricated off-site?     Yes     No

Street Frontage (Feet)	N/A	Stories (Number)	1	Lot Area (Sq. feet)	5,910.5 sq ft
Front Setback (Feet)	do	Bed Rooms (Number)	N/A	Building Area (Sq. feet)	4,970 sq ft
Rear Setback (Feet)	do	Full Baths (Number)	N/A	Parking Area (Sq. feet)	SEE DEED
Left Setback (Feet)	do	Partial Baths (Number)	do	Living Area (Sq. feet)	N/A
Right Setback (Feet)	do	Garages (Number)	do	Basement Area (Sq. feet)	do
Height Above Grade (Feet)	22'	Windows (Number)	0	Garage Area (Sq. feet)	do
New Residential Units (Number)	N/A	Fireplaces (Number)	0	Office/Sales (Sq. feet)	do
Existing Residential Units (Number)	do	Enclosed Parking (Number)	do	Service (Sq. feet)	do
Elevators / Escalator (Number)	do	Outside Parking (Number)	12-DEED	Manufacturing (Sq. feet)	do
Est. Start	8 / 12 / 2011	Est. Finish	COMP 1	Building Est. Value \$	SEE TAX RECORDS

6. ELECTRICAL PERMIT APPLICATION

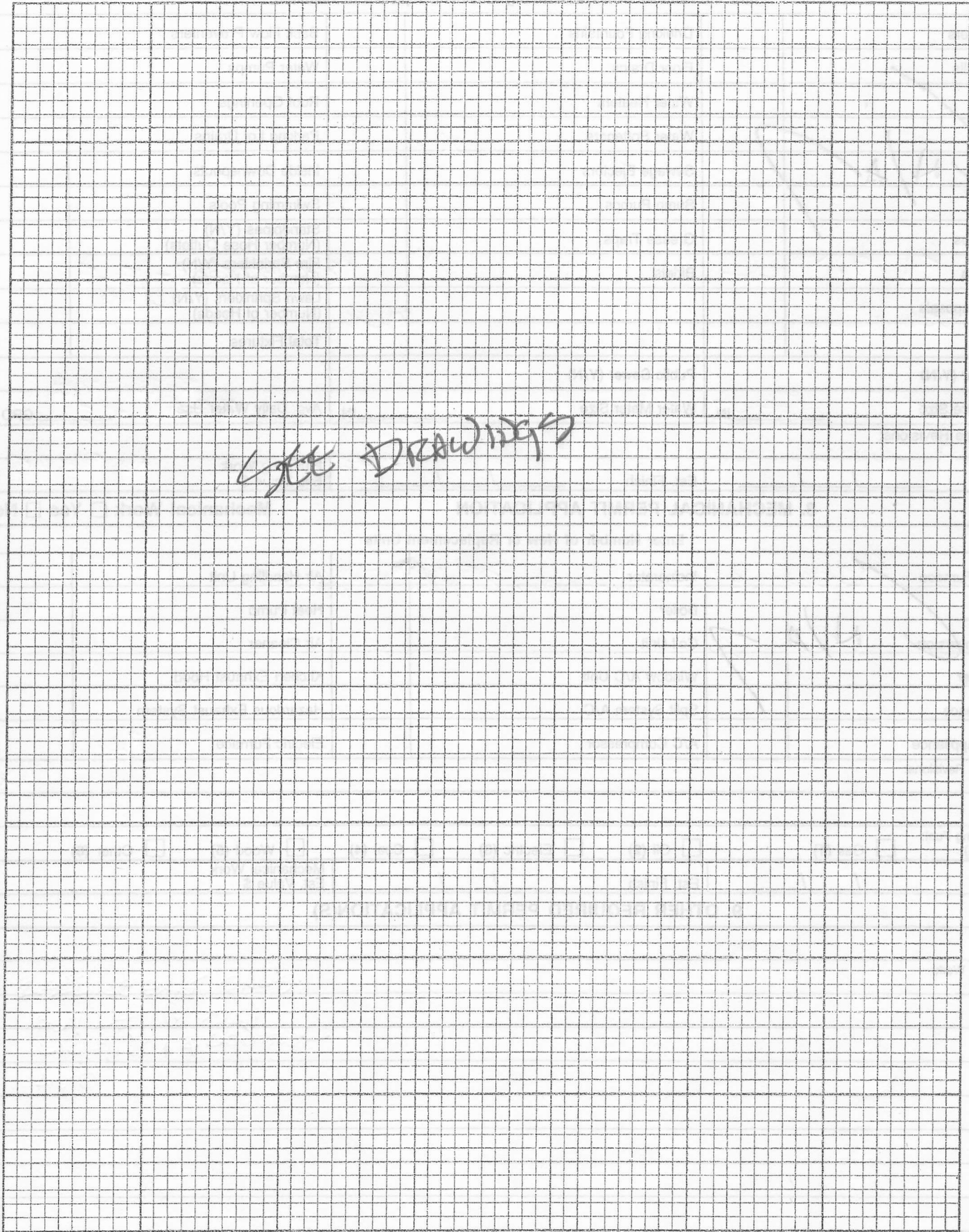
Electrical Work  Yes  No

Total Service _____ AMPS	Number of Circuits:    2 WIRE    3 WIRE    4 WIRE	Number of Service Outlets:    110V    220V			
<b>POWER DEVICES</b>	<b>No.</b>	<b>OUTPUT/LOAD</b>	<b>POWER DEVICES</b>	<b>No.</b>	<b>OUTPUT/LOAD</b>
REPLACE EXIST PNL'S		7			
OUTLET @ PANEL		8			
LIGHTING & CONTROL		9			
HEAT EXTRACTION PANELS & CONTROL		10			
		Total Number of Motors			
Utility Service Revisions:					
Est. Start    /    /		Est. Finish    /    /		Electrical Work Est. Value \$	



10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = \_\_\_\_\_ FEET

11. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE \_\_\_\_\_ LOWEST FLOOR ELEVATION \_\_\_\_\_

FLOOD ZONE \_\_\_\_\_ BASE FLOOD ELEVATION \_\_\_\_\_

13. ZONING PLAN EVALUATION

ZONING DISTRICT C-2 MAP NUMBER SEE DWGS

LOT AREA (From Page 2) 5,910 SQ. FT. LOT COVERAGE (%) EXIST.

LOT AREA PER ROOM \_\_\_\_\_ ENCROACHMENTS \_\_\_\_\_

OFF STREET PARKING SPACES, REQUIRED \_\_\_\_\_ PROVIDED 12

LOADING SPACE EXIST.

SIGNS; NUMBER N/A SIZE OF EACH SIGN N/A

PLANNING COMMISSION APPROVAL REQUIRED EXISTING

BOARD OF ZONING APPEALS APPROVAL REQUIRED EXISTING

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING	<u>N/A</u>	<del>\$</del>	<del>_____</del>				
MECHANICAL	<u>N/A</u>	<del>\$</del>	<del>_____</del>				
ELECTRICAL		\$					
		\$					
<b>TOTAL</b>		\$	<b>TO BE ENTERED ON PART 18</b>				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

**16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**17. OTHER DEPARTMENT APPROVALS**

Signature	Date	Signature	Date
		Health and Sanitation	
		Water	
		Architectural Review	

**18. VALIDATION**

	Date	Number	Permit/Insp. Fee
Building Permit			
Electrical Permit			
Plumbing Permit			
Mechanical Permit			

Plan Review Fee (From Part 14)  
 Certificate of Occupancy Fee  
 Other Fee

**TOTAL FEES**

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Title: \_\_\_\_\_