PRESTON TOWNSHIP

LAKEWOOD, PA 18439

WORKSHEET ONLY

[OFFICE U	ISE ONLY J
[UCC]
	TWP

BUILDING & REGISTRATION PERMIT APPLICATION

PROPERTY OWNER:	
MAILING ADDRESS:	
PHYSICAL ADDRESS:	
PHYSICAL ADDRESS:TAX MAP PARCEL NO.:TOTAL MAP PARCEL NO.:TOTAL MAP PARCEL NO.:NO	
CERTIFIED PLOT PLAN (OR ACCEPTABLE DRAWING)YESNO	
CONTRACTOR'S NAME: PHONE:	
CONTRACTOR'S NAME: PHONE: Expiration Date	
CONTRACTOR'S ADDRESS:	
CONTRACTOR'S WORKMEN'S COMPENSATION POLICY NO.:	
CONTRACTOR'S ADDRESS: CONTRACTOR'S WORKMEN'S COMPENSATION POLICY NO.: SEPTIC SYSTEM PERMIT NO.: DATE ISSUED: COPY ATTACHED: VES. NO.	
COFT ATTACHEDTESNO	
LOCAL OR STATE HIGHWAY OCCUPANCY PERMIT NO.:	
COPY ATTACHED: YES NO	
DISTURBANCE OF ONE ACRE OR MORE:YESNO	
WAYNE CONSERVATION DISTRICT PERMIT # :	
FLOODPLAIN: YES NO	
WETLANDS DELINEATION OR DISCLAIMER: YES NO	
BUILDING PERMIT PLAN SUBMITTED:YESNO	
TOTAL SQUARE FEET: # of ACRES # of ACRES	
DESCRIPTION ADDITION NEW CONSTRUCTION DEMOLITION	
PROPOSED WORK:ADDITIONNEW CONSTRUCTIONDEMOLITION	
RESIDENTIAL:COMMERICAL:OTHER(specify):# # OF STORIES:ONEONE AND A HALFTWOMORE(specify #)	
TYPE OF STRUCTURE: TRAILER MODULAR HOUSE CABIN	
PORCH/DECK/SUNROOM(enclosed) GARAGE(attached/detached) SHED	
PORCH/DECK/SUNROOM(enclosed) GARAGE(attached/detached) SHED SHED (pre-fab) BARN(agr./non-agr.) POLE BARN OTHER(specify)	
# OF ROOMS:KITCHENDININGLIVING/FAMILYBEDROOM	
BATHRM. DEN/OFFICE OTHER(specify)	
AMOUNT ASSESSED FOR PERMIT (Twp. Permits Only): \$ CHECK NO.:	
AMOUNT ASSESSED FOR PERMIT (Twp. Permits Only): \$ CHECK NO.: PERMIT FEE ASSESSED AND PAID (Twp. Permits Only): YES NO	
DESCRIPTION OF WORK:	
PROPOSED DATE OF INITIAL CONSTRUCTION:	
ESTIMATED COMPLETION DATE:	
The undersigned represent all of the foregoing information is true and correct and request a permit issued based	on such
information. (All owners of record must sign application.)	
IN WITNESS WHEDEOE we get our hands and soals this	
IN WITNESS WHEREOF, we set our hands and seals this	
day of20	
(signature) (signature)	
(signature) (signature)	