

Berwick Township

BUILDING CONSTRUCTION PERMIT

Permit No. _____

Date: _____

1. _____
Name of Applicant _____ Address _____ Phone # _____
Property Owner = Builder _____

As the owner and builder of this project with no employees. _____
Signature

2. _____
Address of property to be improved

3. _____
Contractor _____ Contractor's Address _____ Phone # _____
Contractor's Liability Insurance _____

4. New Construction: _____ Improvement _____
No. of Stories _____ No. of Rooms _____ Baths _____

Siding: Masonry ___ Wood ___ Aluminum ___ Other ___

Roof: Asphalt Shingle ___ Wood ___ Metal ___ Other ___

5. Dimensions of proposed Improvements _____

6. Will premise be served with on-lot sewage? Yes ___ No ___
If answer is (Yes), give D.E. P. Permit No. _____

7. Estimated value of improvement \$ _____

8. *Attach sketch of property and location of proposed improvements, as well as well permit, driveway permit, storm water management permit (if required), sewer connection permit (if required), zoning and use and occupancy permits.*

9. UCC: Yes ___ No ___

Fees List

Signature of Applicant

Zoning _____

Driveway _____

Well _____

INSPECTED BY : _____ Date _____

Septic _____

Building _____

ISSUED ON _____ Paid _____ Cash ___ Check # _____ U & O _____

WORK MUST START WITHIN SIX (6) MONTHS AND COMPLETE WITHIN Two (2) Years Total = _____

Article I, Sect. 106 : The grant of a permit shall not constitute a representation, guarantee, or warranty of any kind by the liability upon the municipality, its officials, or employees.