

# Berwick Township

## NEW HOME 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. \_\_\_\_\_  
 Contactor \_\_\_\_\_ Contractor's Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Contactor'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 \_\_\_

<b>Fees List</b>
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\_\_\_\_\_  
 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 =** \_\_\_\_\_