



Borough of Delaware Water Gap

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 Delaware Water Gap, PA 18327
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APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - APPLICANT MUST COMPLETE ALL ITEMS IN APPLICATION

I. IDENTIFICATION & LOCATION OF BUILDING / PROJECT

PROPERTY ADDRESS: _____ TAX MAP#: _____
 APPLICANT NAME: _____ E-MAIL: _____
 APPLICANT ADDRESS: _____ PHONE: _____
 OWNER NAME: _____ E-MAIL: _____
 OWNER ADDRESS: _____ PHONE: _____

II. TYPE AND COST OF CONSTRUCTION

COST OF PROJECT: \$ _____ RESIDENTIAL (IRC) COMMERCIAL (IBC)

TYPE OF IMPROVEMENT:

- | | |
|-----------------|-----------------------|
| 1. NEW BUILDING | 5. EQUIPMENT INSTALL |
| 2. ADDITION | 6. REPAIR/REPLACEMENT |
| 3. ALTERATION | 7. CHANGE OF USE |
| 4. DEMOLITION | |

DESCRIPTION OF WORK:

III CHARACTERISTICS

DIMENSIONS		SEWAGE DISPOSAL	WATER SUPPLY	PARKING SPACES
1. STORIES: _____	3. BEDROOMS: _____	1. PUBLIC	1. PUBLIC	1. ENCLOSED: _____
2. SQ FT: _____	4. BATHROOMS: _____	2. PRIVATE	2. PRIVATE	2. OUTDOORS: _____

IV. CONTRACTOR & DESIGN PROFESSIONAL INFORMATION

CONTRACTOR NAME: _____ HIC: _____
 E-MAIL: _____ PHONE: _____
 ADDRESS: _____

DESIGN PROFESSIONAL NAME: _____ PHONE: _____
 ADDRESS: _____ E-MAIL: _____

I hereby certify 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/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

SIGNATURE OF APPLICANT: _____ DATE: _____
 APPLICANT NAME: _____ PHONE: _____ E-MAIL: _____

FOR OFFICE USE ONLY:

APP FEE: _____	BUILDING PERMIT #: _____
PERMIT FEE: _____	DATE ISSUED: _____
ADMIN FEE: _____	APPROVED BY: _____
UCC FEE: _____	
TOTAL: _____	