



Code Inspections, Inc.

CONSTRUCTION PERMIT APPLICATION

Note: Read page four (4) in its entirety prior to completing this application

County: BUCKS

Municipality: DURHAM TWSP.

APPLICATION DATE: _____

APPROVAL DATE: _____

PERMIT NUMBER: _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Site Address: _____ Tax Parcel # _____

Lot # _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

TYPE OF WORK OR IMPROVEMENT (Check One)

- New Building Addition Alteration Repair Demolition Relocation
 Foundation Only Change of Use Plumbing Mechanical Electrical Other

Describe the proposed work:

OWNER: _____ Phone# _____ Fax# _____

Mailing Address: _____ E-Mail: _____

CONTRACTOR INFORMATION

	Lic. #	Name	Address	Phone #
Applicant				
Design Professional				
Principal Contractor				
Excavation				
Masonry				
Concrete				
Carpentry				
Plumbing				
Sewer				
Electrical				
Mechanical				
Roofing				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

TOTAL ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

One-Family Dwelling (R-3)

Two-Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: _____

Change in Use: YES NO

Use Group: _____

If YES, Indicate Former: _____

Maximum Occupancy Load: _____

Maximum Live Load: _____

