

Thornbury Township, Chester County
8 Township Drive
Cheyney, PA 19319-6714

Ph: 610-399-1425 www.thornburytp.com Fax: 610-399-6714

BUILDING PERMIT APPLICATION

PROPERTY OWNER AND BUILDING INFORMATION					
Owner or Business Name					Phone
Street Address				Apt	Zip
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	
			<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____	

COST OF CONSTRUCTION \$ _____

TYPE OF IMPROVEMENT	OWNERSHIP
1 <input type="checkbox"/> New Building	8 <input type="checkbox"/> Private (Individual, Corporation, Non-profit Institution, etc.)
2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 10)	9 <input type="checkbox"/> Public (Federal, State, or Local Government)
3 <input type="checkbox"/> Alteration (See 2 above)	
4 <input type="checkbox"/> Repair, Replacement	
5 <input type="checkbox"/> Pool	
6 <input type="checkbox"/> Decks	
7 <input type="checkbox"/> Porch	

PERMIT NO. _____

PROPOSED USE - For "Wrecking" most recent use		
Residential	Non-Residential	
10 <input type="checkbox"/> One or Two Family	14 <input type="checkbox"/> Amusement, Recreational	21 <input type="checkbox"/> Public Utility
11 <input type="checkbox"/> Two or More Family <i>Enter Number of Units _____</i>	15 <input type="checkbox"/> Church, Other Religious	22 <input type="checkbox"/> School, Library, Educational
12 <input type="checkbox"/> Garage	16 <input type="checkbox"/> Industrial	23 <input type="checkbox"/> Stores, Mercantile
13 <input type="checkbox"/> Other - <i>Specify</i> _____ _____	17 <input type="checkbox"/> Parking Garage	24 <input type="checkbox"/> Tanks, Towers
	18 <input type="checkbox"/> Service Station, Repair Garage	25 <input type="checkbox"/> Other - <i>Specify</i> _____ _____
	19 <input type="checkbox"/> Hospital, Institutional	
	20 <input type="checkbox"/> Office, Bank, Professional	

SELECTED CHARACTERISTICS OF BUILDING	
PRINCIPAL TYPE OF FRAME	DIMENSIONS
26 <input type="checkbox"/> Masonry (wall bearing)	31 <input type="checkbox"/> Number of Stories _____
27 <input type="checkbox"/> Wood Frame	32 <input type="checkbox"/> Total square feet of floor area, all floors, based on exterior dimensions _____
28 <input type="checkbox"/> Structural Steel	33 <input type="checkbox"/> Total Land Area, sq. ft. _____
29 <input type="checkbox"/> Reinforced Concrete	
30 <input type="checkbox"/> Other - <i>Specify</i> _____	

****CALL 811 OR VISIT www.call811.com BEFORE YOU DIG****

