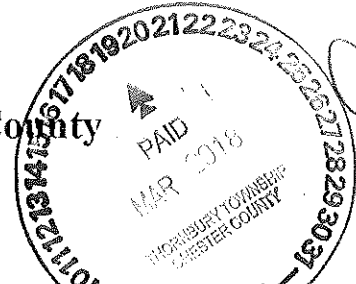


JRM

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



3/19/18
025-028
4050

Ph: 610-399-1425

www.thornburytwp.com

Fax: 610-399-6714

BUILDING PERMIT APPLICATION

PROPERTY OWNER AND BUILDING INFORMATION					
Owner or Business Name <i>Scott Megill</i>					Phone <i>610-716-0731</i>
Street Address <i>4 Huntrose Ln. West Chester, PA</i>				Apt	Zip <i>19382</i>
Subdivision		Lot Number	Parcel Type	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Industrial
				<input type="checkbox"/> Commercial	<input type="checkbox"/> Other

COST OF CONSTRUCTION \$ <i>20,000</i>
--

TYPE OF IMPROVEMENT	OWNERSHIP
1 <input type="checkbox"/> New Building	8 <input checked="" 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	
<i>Demolition</i> <i>"Wrecking"</i>	

PROPOSED USE - For "Wrecking" most recent use		
Residential	Non-Residential	
10 <input checked="" 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 checked="" type="checkbox"/> Other - Specify <i>Barn</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 - Specify
	19 <input type="checkbox"/> Hospital, Institutional	
	20 <input type="checkbox"/> Office, Bank, Professional	

SELECTED CHARACTERISTICS OF BUILDING	
PRINCIPAL TYPE OF FRAME	DIMENSIONS
26 <input checked="" type="checkbox"/> Masonry (wall bearing)	31 <input type="checkbox"/> Number of Stories <i>2</i>
27 <input checked="" 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 - Specify	

PERMIT NO. _____

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

DESCRIPTION OF WORK - (All trades)

Demolition of existing house, barn, and shed

IDENTIFICATION - To be completed by all applicants

Property Owner or Lessee	Name	Scott Megill		Mailing Address	674 Haines Mill Rd	
	Phone No.	610-716-0731		West Chester, PA 19382		

Contractor	Name	Megill Homes, Inc.	Mailing Address	330 Kennett Pike	PA License No.	PA022163
	Phone No.		Suite 207 Chadds Ford, PA			

Architect or Engineer	Name				
	Phone No.				

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant

Application Date

3-5-18