

Pre-Application Checklist: Copy of Contract \_\_\_ Site Plan \_\_\_ Insurance Certificates \_\_\_ 2 copies of plans \_\_\_

## Nether Providence Building Permit Application

214 Sykes Lane Wallingford, PA 19086

610-566-4516

Site Address \_\_\_\_\_ City \_\_\_\_\_

Type \_\_\_\_\_ Property Owner \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Designer \_\_\_\_\_ Address \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

Type of Work \_\_\_\_\_ Cost of Work \_\_\_\_\_ Sq Ft of Work Area \_\_\_\_\_

# of existing sleeping rooms \_\_\_\_\_ # of proposed sleeping rooms \_\_\_\_\_ Dumpster Required \_\_\_\_\_

Description of work:



Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Municipal/Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_

Municipal Comments:

Permit Fee \_\_\_\_\_ +\$4.50 Total Fee \_\_\_\_\_

3<sup>rd</sup> Party Signature \_\_\_\_\_ Date \_\_\_\_\_

All inspection requests or code questions should be directed to Linn Architects at [permits@rlinn.com](mailto:permits@rlinn.com) or 610-566-7044 option 2.