



Langhorne Borough
 114 East Maple Avenue ♦ Langhorne, PA
 19047 ♦ 215-757-3768 ♦
 clerk@langhorneborough.com

BUILDING PERMIT APPLICATION

APPLICATION INSTRUCTIONS: *All applicants must complete parts 1-5 of this form. For plumbing work, complete parts 6 and 7. For mechanical work, complete parts 8 and 9. For electrical work, complete parts 10 and 11. Sections for which the applicant does not have the required information can be left blank.*

Application Date:	Type of Permit: (Circle all that apply) Building Electrical Mechanical Plumbing Site Work Other	Is owner the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>
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1. Property Information

Street Address	Apt. #	Zip	Tax Parcel Number 18-	Zoning District
Subdivision		Lot Number	Parcel Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (List):	

2. Owner Information

Last Name:	First Name:	Phone:
Street:	City, State, Zip:	
Cell Phone	Fax:	Email:

3. Contractor Information

Last Name:	First Name:	Email:
Street:	City, State, Zip:	
Phone:	Cell Phone:	Fax:

4. Building Permit Application

Improvement Type: <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use Only <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Site Work <input type="checkbox"/> Other	Use Groups: <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> Garage/ Utility <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Other (List):
Height Above Grade (feet)	Fireplaces (number)
Stories (number)	Deck (dimensions)
Bedrooms (number)	Pool (dimensions)
Full Baths (number)	Gross SQ Footage
Partial Baths (number)	Permit #:
Garages (dimensions)	

Estimated Cost of Work \$ _____

5. Description of Work:

I/we hereby acknowledge that I/we have read this application and state the information contained therein is correct and agree to comply with all Borough Codes, Ordinances, and State laws regarding zoning and construction.

Signature of Applicant (Required)

Print Name **Date**

OFFICE USE ONLY:

Signature of Zoning Officer

Signature of Building Inspector

Date _____

Date _____

6. Plumbing Contractor Information

Last Name:	First Name:	Phone:
Street:	City, State, Zip:	
Cell Phone:	Fax #:	

7. Plumbing Permit Application - Enter the number of fixtures being installed, submit specs for pump/ejectors

#	#	#	#
Tubs/showers	Bidets	Sewage Ejectors	Sewers
Shower Stalls	Drinking Fountains	Dishwashers	Gas Piping
Lavatories	Floor Drains	Grease Traps	Laundry Tubs
Toilets	Water Heaters	Back Flow Preventers	Sump Pumps
Urinals	Water Softeners	Water Pumps	Lawn Irrigation (# of heads)
Sinks	Other:		
Public Water <input type="checkbox"/> YES or <input type="checkbox"/> NO	Public Sewer <input type="checkbox"/> YES or <input type="checkbox"/> NO	Total # of fixtures:	
Water Service Size: Inches:	Water Meter Size: Inches:		
Utility Service Revisions:			
Estimated Cost of Work \$			

8. Mechanical Contractor Information

Last Name:	First Name:	Phone:
Street	City, State, Zip:	
Cell Phone:	Fax Number:	

9. Mechanical Permit Application - Enter the number of new or replacement units – Submit Specifications

#	#	#
Forced Air Furnace	Incinerator	Air Handling Unit
Unit Heater	Boiler	Heat Pump
Gas/Oil Conversion	Wall HVAC Unit	Water Heater
Fire Place	Split System A/C	Appliances
Solid Fuel Appliance	A/C Compressor	Hydronic System – Hot Water
Utility Service Revisions:		
Type of Heating Fuel: (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other		
Est. Start Date:	Est. Finish Date:	Estimated Cost of Work \$

10. Electrical Contractor Information

Last Name:	First Name:	Phone:
Street	City, State, Zip:	
Cell Phone:	Fax Number:	

11. Electrical Permit Application - Enter the number of fixtures being installed

Type of Work	#	Type of Work	#
Switching Outlets		Bonding	
Lighting Outlets		Service Feeders	
Receptacle Outlets		HVAC	
Range/Oven		Switching Devices	
Dryer, Electric		Transformers	
Water Heater, Electric		Smoke Detectors	
Heating, Electric		Other	
Service Panel Size		Estimated Cost of Work \$	

All electrical permit applications must include an electrical plan stamped & approved by an electrical underwriter. Upon completion of the work, an inspection by an electrical underwriter is required.