



1130 N. Bethlehem Pike
Spring House, PA 19477
215.646.5302 (p) 215.646.3357 (f)

APPLICATION FOR PERMIT

(All below relevant fields must be filled out prior to submission)

Parcel Information (must be filled out for all work):

Address of work to be performed: _____

Property Type: Residential Commercial Zoning District: _____

Parcel Owner Name: _____
(copy of signed contract must be included with submission)

Parcel Owner Address: (if different than address listed above)
_____ Parcel Owner Phone: _____

Parcel Owner Email: _____

Contractor Information (current COI is required with each submission):

Business Name: _____ Contractor Name: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Email: _____

HIC PA License #(residential work): PA _____ LGT Contractor License # (commercial work): C- _____

Architect/Engineer information:

Name: _____

Phone: _____ Email: _____

