



**MONTGOMERY TOWNSHIP**  
**DEPARTMENT OF PLANNING AND ZONING**  
 1001 STUMP ROAD, MONTGOMERYVILLE, PA 18936-9605  
 Telephone: 215-393-6920 · Fax: 215-855-1498  
 www.montgomerytwp.org

**BUILDING PERMIT APPLICATION**

**Permit #** \_\_\_\_\_ **Fee \$** \_\_\_\_\_ **Ck #** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERMIT TYPE:** \_\_\_ Building \_\_\_ Electrical/Alarm \_\_\_ Plumbing \_\_\_ HVAC/Mechanical/Sprinkler \_\_\_ Other

**Description:**

**PROPERTY INFORMATION (Site address where work is to be performed)**

Street Address	City/State/Zip
Tenant / Business Name (Non-Residential Only)	

**PROPERTY OWNER INFORMATION**

Name	Daytime Phone #
Email Address	Cell Phone #
Street Address	City/State/Zip

**APPLICANT INFORMATION (Contact for plan reviews and permit correspondence)**

Name / Business Name	
Email Address	Phone#
Street Address	City/State/Zip
<b>PERMIT TO BE PICKED UP OR MAILED TO APPLICANT?</b> <input type="checkbox"/> <b>PICK UP</b> <input type="checkbox"/> <b>MAIL</b>	

**CONTRACTOR INFORMATION**

(ALL CONTRACTORS MUST BE PROPERLY REGISTERED BEFORE PERMIT IS ISSUED)

CONTRACTOR	TWP REG NUMBER	NAME	ADDRESS	DAYTIME PHONE #	Estimated VALUE \$
GENERAL					
ELECTRICAL					
ALARM					
PLUMBING					
HVAC/MECH					
SPRINKLER					
ROOFING					
FOUNDATION					
CARPENTERS					
OTHER					



**PLUMBING WORK** ENTER THE NUMBER OF FIXTURES BEING INSTALLED OR REPLACED  
**PROVIDE RISER DIAGRAM**

FIXTURES:	QUANTITIES:				
	Bsmt	1 <sup>st</sup> flr	2 <sup>nd</sup> flr	3 <sup>rd</sup> flr	4 <sup>th</sup> OR ABOVE
Bath / Tubs / Showers					
Dishwashers					
Drinking fountains					
Ejector pumps					
Floor drains / Floor sinks					
Garbage Disposal / Grease trap / Interceptors					
Irrigation System					
Water heaters (expansion tank required)					
Washing Machine/ Hose Bib					
Sinks / Mop Sinks					
Urinals / Toilets					
Water Service Line - Interior Water-Sewer Line					
Water Softener					
Other:					
<b>TOTAL PLUMBING CONTRACT VALUE \$</b>	<b>TOTAL # FIXTURES:</b>				

**NOTE: PERMIT SUBMISSION DOES NOT GRANT “APPROVAL” TO START WORK.**

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit. I understand that the issuance of the permit creates no legal liability, express or implied, on Montgomery Township; and certify that all the above information is accurate. A permit issued is subject to Section 105.4 of the IRC and the IBC, as amended. Permit expires if work is not started in 6 months, not completed in 12 months, or if work is discontinued for 6 months in the judgment of the Township. The Building Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK order. The Township reserves the right to request a copy of all contracts for work performed.

<b>Owner/Applicant Signature:</b>	<b>Date</b>
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**FOR OFFICE USE ONLY:**

TYPE	PERMIT FEE	TYPE	PERMIT FEE
BUILDING		DECK / PATIO - OPEN	
ELECTRICAL		DECK / PATIO – with ROOF	
FIRE ALARM		FENCE	
HVAC / MECHANICAL		SHED	
PLUMBING		PARK & REC FEE	
ROOF		OTHER	
SPRINKLER		PA STATE / ACT 13	\$ 4.50
USE & OCCUPANCY		SCANNING FEE (\$25 min or 10 + \$1/page of plan set)	
ZONING		STORMWATER MANAGEMENT FEE	
CURB ESCROW (IF APPLICABLE)	\$2000.00	<b>TOTAL PERMIT FEE</b>	
<b>CURB ESCROW CHECK#</b>		<b>CHECK#</b>	

**ZONING OFFICIAL**

**DATE**

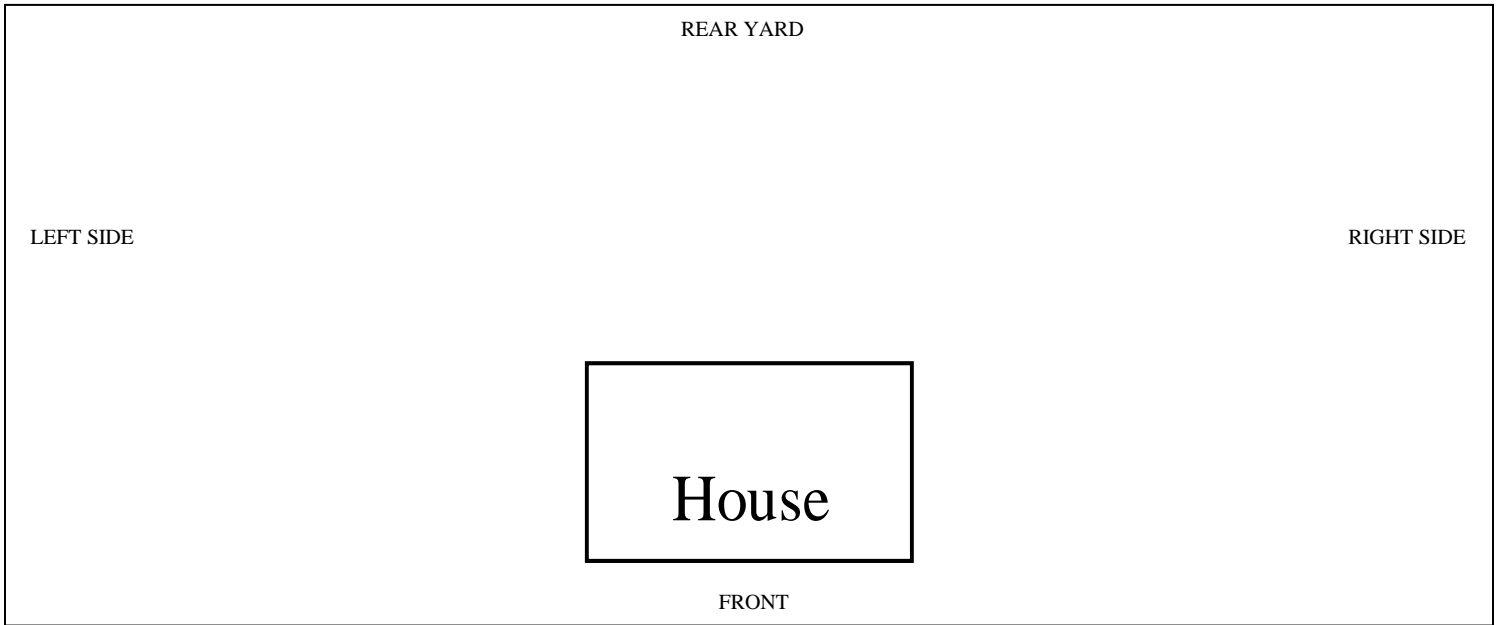
**BUILDING INSPECTOR**

**DATE**

**PROVIDE a SKETCH for the LOCATION of the PROPOSED STRUCTURE:**

FOR NEW CONSTRUCTION, ADDITION, DECK, PATIO, SUNROOM, GARAGE, SHED, DRIVEWAY, FENCE, ETC...

\*\*A SITE PLAN SHOWING LOT LINES, EXISTING AND PROPOSED STRUCTURES WITH DIMENSIONS, EASEMENTS, AND PROPOSED SETBACKS FROM LOT LINES MUST BE SUBMITTED. IT IS RECOMMENDED THAT AN "AS-BUILT" SITE PLAN BE USED IF POSSIBLE. IN MOST CASES, ONE CAN BE OBTAINED FROM THE PLANNING OFFICE. IF SITE PLAN IS NOT AVAILABLE, PLEASE USE THE SITE BELOW.



<b>SETBACK INFORMATION: (The distance from the property line to the proposed structure)</b>			
Front Yard	Rear Yard	Side Yard (R)	Side Yard (L)
Height of Structure / Building	Crossing Easement? Yes _____ No _____		

<b>Impervious Surface / Coverage Calculations:</b>			
House (with attached garage) Footprint (sq. ft.)		Pool Decking (exclude water area) (sq. ft.)	
Driveway (sq. ft.)		Detached Garage (sq. ft.)	
Walkway (sq. ft.)		Shed (sq. ft.)	
Concrete/Stone/Pavers Patio area (sq. ft.)		Proposed New Work (sq. ft.)	
<b>A. Total impervious coverage area (existing and proposed) sq. ft. =</b>			
<b>B. Lot Size (sq. ft.)</b>		<b>(A divided by B) % Coverage Impervious =</b>	
R-1 Residential/Cluster	30%	R-3B Residential	
R-1 Historical Overlay	40%	Single Family Estate lots	45%
R-1 Residential Open Space	35%	Single Family Village lots	55%
Design Overlay		Single Family detached fee simple lots	65%
R-2 Residential	30%	R-5 Residential	40%
R-2 Cluster/Historical	40%	R-6 Golf Course	
R-3 / R-3A Twin/Townhouse	80%	Single Family Detached	50%
MHP Mobile Home Park	35%	Single Family Attached	70%
		Patio Homes	80%
<b>*** IMPERVIOUS SURFACE – INCAPABLE OF BEING PENETRATED BY WATER (HOUSE, DRIVEWAY, WALKWAY, PATIO, SHED, etc ....)</b>			