

# BOROUGH OF SWISSVALE

## COMMERCIAL BUILDING PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_

LOT & BLOCK or TAX PARCEL \_\_\_\_\_

**BUILDING USE GROUP:** (check all that apply)

- |                              |                              |                              |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A-2 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <input type="checkbox"/> B   | <input type="checkbox"/> E   |
| <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> M   | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 |
| <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 | <input type="checkbox"/> U   |                              |                              |

**PROJECT DESCRIPTION:**

- NEW CONSTRUCTION     ADDITION     ALTERATION/RENOVATION     POOL  
 RETAINING WALL (Over 4 feet in height)     ROOF DECK REPLACEMENT     OTHER

GROSS FOOTAGE AREA (GFA): \_\_\_\_\_ ESTIMATED CONSTRUCTION COST: \$ \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

**APPLICANT OR AUTHORIZED AGENT:**

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PROPERTY OWNER:**     SAME AS APPLICANT

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL \_\_\_\_\_

**CONTRACTOR:**     SELF

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PA HOME IMPROVEMENT CONTRACTOR REGISTRATION NUMBER: \_\_\_\_\_

**DESIGN PROFESSIONAL** (ARCHITECT or ENGINEER if applicable):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PA LICENSE NUMBER: \_\_\_\_\_

ADDRESS:

DATE APPROVED:

PERMIT NUMBER:

PLAN NUMBER:

