

Note: Visit us on the web at [www.upperprovidence.org](http://www.upperprovidence.org) to pull down permit applications.

UPPER PROVIDENCE TOWNSHIP  
 935 N. Providence Road  
 Media, Pennsylvania 19063  
 610-565-4944  
 Fax: 610-565-8924

**APPLICATION FOR  
 PLAN EXAMINATION AND  
 BUILDING PERMIT**

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.**

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) _____ (No.) _____ (STREET) _____ ZONING DISTRICT _____		
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____		
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____		
<b>II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D</b>			
<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	<b>D. PROPOSED USE - For "Wrecking" most recent use</b>  <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Residential</b>                              12 <input type="checkbox"/> One family                              13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -&gt; _____                              14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -&gt; _____                              15 <input type="checkbox"/> Garage                              16 <input type="checkbox"/> Carport                              17 <input type="checkbox"/> Other - Specify _____                              _____                              _____                         </td> <td style="width:50%; vertical-align: top;"> <b>Nonresidential</b>                              18 <input type="checkbox"/> Amusement, recreational                              19 <input type="checkbox"/> Church, other religious                              20 <input type="checkbox"/> Industrial                              21 <input type="checkbox"/> Parking garage                              22 <input type="checkbox"/> Service station, repair garage                              23 <input type="checkbox"/> Hospital, institutional                              24 <input type="checkbox"/> Office, bank, professional                              25 <input type="checkbox"/> Public utility                              26 <input type="checkbox"/> School, library, other educational                              27 <input type="checkbox"/> Stores, mercantile                              28 <input type="checkbox"/> Tanks, towers                              29 <input type="checkbox"/> Other - Specify _____                              _____                         </td> </tr> </table>	<b>Residential</b> 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ _____ _____	<b>Nonresidential</b> 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ _____
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<b>B. OWNERSHIP</b> 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)			
<b>C. COST</b> 10. Cost of improvement..... \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical..... \$ _____ b. Plumbing..... \$ _____ c. Heating, air conditioning..... \$ _____ d. Other (elevator, etc.)..... \$ _____ 11. TOTAL COST OF IMPROVEMENT \$ _____	(Omit cents) Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____		
<b>III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.</b>			
<b>E. PRINCIPAL TYPE OF FRAME</b> 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.)  <b>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	<b>J. DIMENSIONS</b> 48. Number of stories..... 49. Total square feet of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft..... <b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 51. Enclosed..... 52. Outdoors..... <b>L. RESIDENTIAL BUILDINGS ONLY</b> 53. Number of bedrooms..... 54. Number of bathrooms { Full..... } Partial.....	
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44 <input type="checkbox"/> Yes            45 <input type="checkbox"/> No  Will there be an elevator? 46 <input type="checkbox"/> Yes            47 <input type="checkbox"/> No		

NO. STREET



**IV. IDENTIFICATION - To be completed by all applicants**

Name		Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor	Name Reg. #			
3. Architect or Engineer				

The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER <u>Zoning</u>		\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER <u>Zoning</u>					OTHER _____				

**VII. VALIDATION**

Building Permit number \_\_\_\_\_

Building Permit issued \_\_\_\_\_ 19 \_\_\_\_\_

Building Permit Fee \$ \_\_\_\_\_

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_ Building Inspector  
TITLE

**VIII. ZONING PLAN EXAMINERS NOTES**

DISTRICT

USE

FRONT YARD

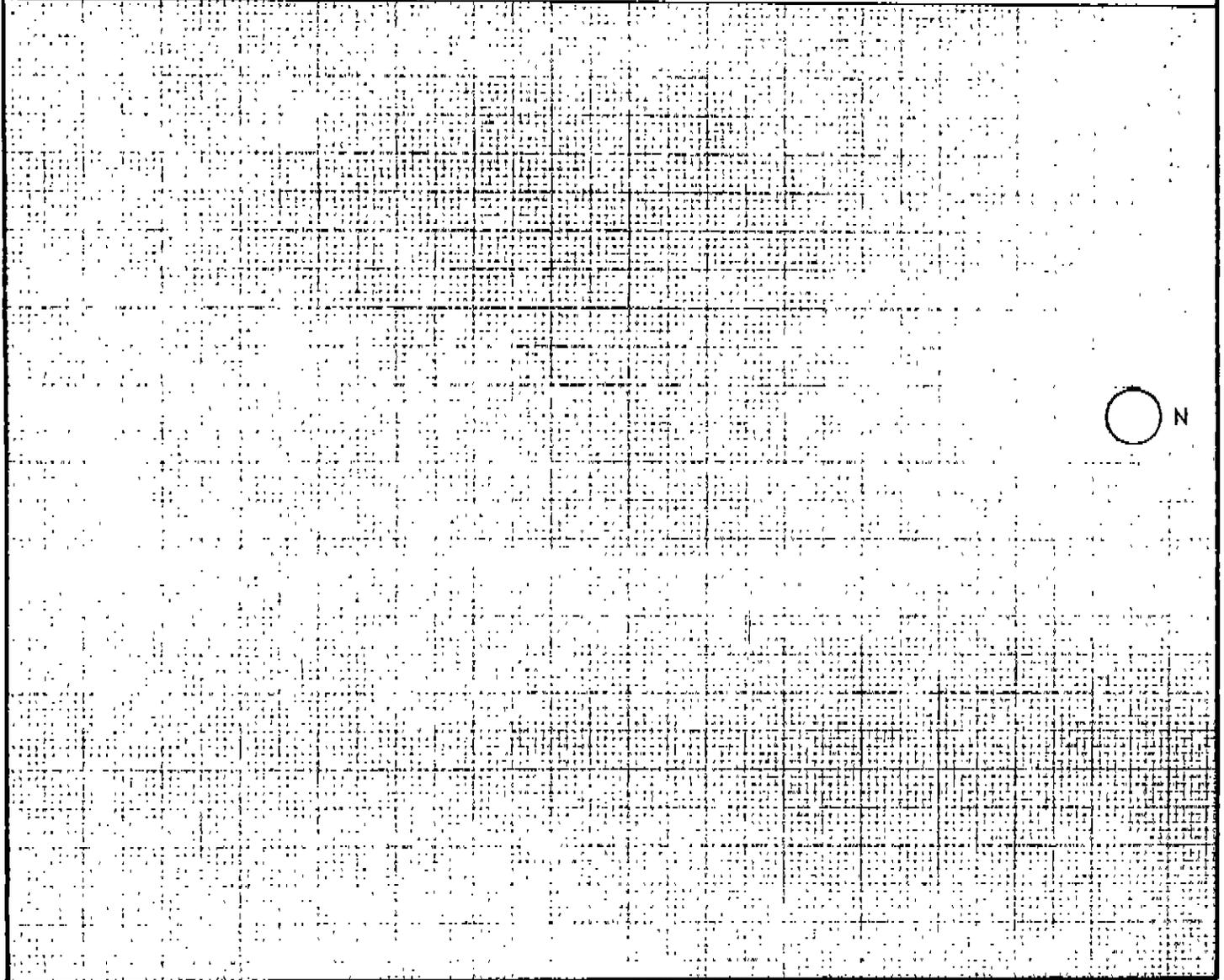
SIDE YARD

SIDE YARD

REAR YARD

NOTES

**IX. SITE OR PLOT PLAN - *For Applicant Use***



# *Stormwater Is Everybody's Business*

Rain is important for drinking water supplies, recreation and wildlife habitats. Rain becomes a problem when, as stormwater runoff, it washes pollutants left on the ground from our activities into our streams and rivers.

***YOU*** can be the solution  
to stormwater pollution!

- ◆ *Use* pesticides and fertilizers sparingly
- ◆ *Repair* auto leaks
- ◆ *Dispose* of household hazardous waste such as batteries, used oil, cleaning products and paint at designated collection locations. For details regarding household hazardous waste collections contact 610-892-9620 or [www.co.delaware.pa.us/recycle](http://www.co.delaware.pa.us/recycle)
- ◆ *Clean* up after your pet
- ◆ *Wash* your car on a lawn or other unpaved areas
- ◆ *Sweep* up yard debris rather than hosing down paved areas
- ◆ *Compost* or recycle yard waste
- ◆ *Recycle* plastics, aluminum, paper & glass



*Residents, municipalities,  
businesses and developers  
need to work together to  
prevent stormwater  
pollution.*

Crum Creek  
and  
Ridley Creek  
Watersheds

Upper Providence Township  
Delaware County Conservation District  
PA DEP Southeast Region  
DEP SE Region-Water Quality

610-565-4944  
610-892-9484  
484-250-5900  
484-250-5970