

This area for Zoning Officer:
Parcel ID#

**NORTH COVENTRY TOWNSHIP
BOARD OF SUPERVISORS**
845 S. Hanover Street, Pottstown, PA 19465
Phone 610-323-1694 Fax 610-323-7239
www.northcoventry.us

This area is for Township Staff
Date application submitted and
employee initials

RESIDENTIAL BUILDING PERMIT

Date of Application: _____
Applicant Name: _____ Applicant Telephone: _____
Property Owner Name: _____
Property Owner Address: _____
Address of construction (if different than above) _____

The following information must be completed:

New Construction Data:

Proposed Use _____ **New Construction**
Garage Parking Spaces _____ **Addition**
Number of Stories _____ **Rooms:** Full Bath _____
Total Area of Lot _____ Partial Bath _____
Ground Area _____ Bedrooms _____
Height of Current Structure _____ **Lot**
Total Square Foot _____ **Set Backs:** Front _____ feet
Back _____ feet
Side _____ feet

Contractor Name: _____ Contractor Telephone: _____
Contractor Address: _____
Design Official: _____

Type of Work New Construction Alteration/Renovation Repair or Replace
Principle Type of Frame Masonry (Bearing Walls) Wood Frame Structural Steel Reinforced Concrete

Brief description of work _____
Estimated Total Project Cost \$ _____

This permit expires 180 days from issuance or 180 days from the date of last called inspection.

<u>CODE OFFICIAL:</u>			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied	
Date _____	Signature _____		
Permit # _____	Fee \$ _____		
Permit Payment- Date _____	Check# _____	Cash _____	Received by _____