

**Borough of Conshohocken**  
**1 West First Ave., Suite 200**  
**Conshohocken, PA 19428**  
**610-828-1092**

**BUILDING PERMIT APPLICATION**

**PERMIT #** \_\_\_\_\_

For Zoning Use Only
Present Zoning District: _____ Lot Size: _____
Proposed Zoning Use: _____ Approved or Disapproved
Conditions: _____
Date proposed work was reviewed by zoning: ____ / ____ / ____
Has the Zoning Board of Conshohocken issued a special exception, variance, or other ruling concerning this proposed work or zoning classification? _____

For Office Use Only
Date Application Received: _____
Receipt # _____
Permit Fee \$ _____ .00 <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Date Permit Issued: _____ Issued By _____
<input type="checkbox"/> Plans Received (2 copies) - Plans Reviewed by: _____
Notes: _____
Parcel # - _____

**TYPE OF BUILDING PERMIT**

- Residential Permit Fee** : \$ \_\_\_\_\_  
 \$35 for the first \$1000 plus \$10 each additional \$1000 or portion of. Please add \$4.00 State Surcharge
- Commercial Permit Fee** : \$ \_\_\_\_\_  
 \$55 for the first \$1000 plus \$10 each additional \$1000 or portion of. Please add \$4.00 State Surcharge

I hereby make application for a building permit to (state nature of work in detail) \_\_\_\_\_

Location of Property \_\_\_\_\_ Estimated Cost of Construction: \$ \_\_\_\_\_

Is there a written contract between owner and contractor?  **Yes Copy Must Be Attached** or  **No**

Is there site or grading work being done?  **Yes Permit Must Be Attached** or  **No**

Contractor's Business Name:	Property owner acting as a contractor <input type="checkbox"/> Yes or <input type="checkbox"/> No
License # _____ or applying today - <input type="checkbox"/> (please check)	Property Owner's Name:
Contact Person's Name:	
Street Address	Street Address
City, State & Zip	City, State & Zip
Daytime Phone	Daytime Phone
Cell Phone	Cell Phone

Is any **Electrical** work being undertaken?  **Yes OR**  **No** Contractor's Name \_\_\_\_\_

Is any **Voice/Data** work being under taken?  **Yes OR**  **No** Contractor's Name \_\_\_\_\_

Is any **Plumbing** work being undertaken?  **Yes OR**  **No** Contractor's Name \_\_\_\_\_

Is any **Mechanical** work being undertaken?  **Yes OR**  **No** Contractor's Name \_\_\_\_\_

Is any **Fire Alarm** work being undertaken?  **Yes OR**  **No** Contractor's Name \_\_\_\_\_

Is any **Sprinkler** work being undertaken?  **Yes OR**  **No** Contractor's Name \_\_\_\_\_

The information provided in this Application is true and correct to the best of my knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities. The undersigned is the owner of said structure or has been authorized by the owner(s) to act as agent in procuring the building permit herein requested. The undersigned also takes full responsibility for all work performed and will comply with all provisions of the Zoning Ordinance, the Building Code and with all other applicable ordinances of Conshohocken.

**APPLICATION MUST BE APPROVED, PERMIT ISSUED AND POSTED ON  
 JOB SITE PRIOR TO BEGINNING WORK!**

\_\_\_\_\_  
 Signature of Owner or Contractor

\_\_\_\_\_  
 Date