

\* EFFECTIVE JANUARY 1, 2012 A NON-REFUNDABLE \$35 APPLICATION/REVIEW FEE IS REQUIRED WITH ALL APPLICATIONS IN THE FORM OF CHECK, MONEY ORDER OR EXACT CHANGE. THIS FEE WILL BE APPLIED TO THE PERMIT FEE, IF APPROVED \*

**PERMIT COVER PAGE**

Address where work is being performed \_\_\_\_\_  
\_\_\_\_\_

Is contractor performing work? \_\_\_\_ YES \_\_\_\_ NO. If answered YES than Contractor must provide Proof of Insurance to the Borough

Is property owner performing work? \_\_\_\_ YES \_\_\_\_ NO. If answered YES than property owner must provide Proof of Insurance to the Borough

Contractor/Policyholder Federal or State EIN (if applicable): \_\_\_\_\_

If Applicant is a contractor, Applicant's registration number required by the Pennsylvania Home Improvement and Consumer Protection Act: \_\_\_\_\_.

I certify that the statements made in this Permit Application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (Printed)

\_\_\_\_\_  
Title of Applicant (if applicable)

Fax to:  
215-361-8393

Code Enforcement Office  
One Vine Street  
Lansdale, PA 19446  
P: 215-368-1691 F: 215-361-8393  
[www.lansdale.org](http://www.lansdale.org)



## Borough of Lansdale Deck/Patio Permit Application

**\*ALL SECTIONS MUST BE COMPLETED FOR PERMIT TO BE PROCESSED.\***

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit# \_\_\_\_\_

### I. Property Information

Site Address \_\_\_\_\_ Tax Map Parcel # \_\_\_\_\_

Residential  Commercial  Single Family  Multi-Family

### II. Property Owner:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### III. Contractor Information: Same as Owner

PA License # \_\_\_\_\_

Company \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### IV. Applicant: Same as Owner Same as Contractor

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### V. Description of Work: New Repair/Replace

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Est. Start \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. Finish \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. Job Cost \$ \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Contact# \_\_\_\_\_

**Please draw a site plan with all dimensions on graph page provided or attach pre-generated site plan.**

