

## NOTICE

**Please be advised that Notary Services are no longer available at the Borough Hall in Ridley Park. All parties submitting applications that require notarization must have all documents notarized elsewhere before they are submitted for review and approval at the Borough Hall. Should you have questions, please call (610) 532-2100.**

**PERMIT FEES  
DOUBLED WHEN  
STARTING A JOB  
WITHOUT A  
PERMIT IN YOUR  
POSSESSION**

57741

Ridley Park Borough  
105 West Ward Street  
Ridley Park, PA 19078  
(610) 532-2100

APPLICATION FOR  
PLAN EXAMINATION AND  
BUILDING PERMIT

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

I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<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 border="0"> <tr> <td><b>Residential</b></td> <td><b>Nonresidential</b></td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -&gt; _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -&gt; _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>		<b>Residential</b>	<b>Nonresidential</b>	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	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 _____
<b>Residential</b>	<b>Nonresidential</b>																												
12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational																												
13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____	19 <input type="checkbox"/> Church, other religious																												
14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____	20 <input type="checkbox"/> Industrial																												
15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage																												
16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage																												
17 <input type="checkbox"/> Other - Specify _____	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 _____																												
<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.	
---	--	--	--

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>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>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>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>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)		<b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 51. Enclosed..... 52. Outdoors.....	
<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		<b>L. RESIDENTIAL BUILDINGS ONLY</b> 53. Number of bedrooms..... 54. Number of bathrooms } Full..... } Partial.....			

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		Builder's License No.	
3. Architect or Engineer			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
------------------------	---------	------------------

**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 _____		\$					

**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 _____					OTHER _____				

**VII. VALIDATION**

Building Permit number _____ Building Permit issued _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	<p><b>FOR DEPARTMENT USE ONLY</b></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: _____ _____ TITLE	

<b>VIII. ZONING PLAN EXAMINERS NOTES</b>	
DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

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

A large rectangular area filled with a fine grid pattern, intended for drawing a site or plot plan. A north arrow symbol is located on the right side of the grid.

**SUBCONTRACTOR INFORMATION**

This information shall be supplied, if applicable. All subcontractors shall be identified. Attach Insurance Certificate for each Contractor.

**General Contractor or Developer:**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person/Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Concrete/Masonry Contractor:**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person/Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Framing Contractor:**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person/Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Plumbing Contractor:**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person/Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Mechanical/HVAC Contractor:**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person/Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Electrical Contractor:**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person/Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Roofing and/or Siding Contractor:**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person/Number: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_