

## Marlborough Township Application for Plan Examination and Building Permit

APPLICANT INSTRUCTIONS: For all applicants, complete Parts 1, 2, 3, 4, and 5 of this form. If electrical work, also complete Part 6. If plumbing work, complete also Part 7. If mechanical work, also complete Part 8. For other permits, also complete Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto.

Application Date: \_\_\_/\_\_\_/\_\_\_ Type Permit:  Building  Electrical  Other  
 Plumbing  Mechanical

Is Owner Applicant (Y/N): \_\_\_\_\_ Parcel #: 45-00- \_\_\_\_\_

### 1. Property Information

Street Address: \_\_\_\_\_ Apt.: \_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Zoning: \_\_\_\_\_ Block #: \_\_\_\_\_ Unit #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Parcel Type:  Residential  Industrial  
 Commercial  Other

### 2. Owner Information

First Name: \_\_\_\_\_ Last Name or Business Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 3. Contractors Information

	Name of Contractor (Last, First)	Street Address	City, State	Phone No.
Applicant (Not Owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

### 4. Certification

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_  
 Signature of applicant Address Phone No.

\_\_\_\_\_  
 Responsible person in charge of work, title Phone No.

### 5. Building Permit Application

Request Plan No. Assignment (Y/N) \_\_\_\_\_

Plan No. \_\_\_\_\_

**Proposed Use:**

**Improvement Type:**

- New Construction
- Addition
- Alteration
- Repair/Replacement
- Demolition
- Relocation
- Foundation Only
- Change of Use Only

**Assembly**

- Theater
- Night Club
- Restaurant
- Church
- Other Assembly
- Business**
- Mercantile**

**Institutional**

- Group Home
- Hospital
- Jail

**Factory**

- Moderate Hazard
- Low Hazard
- High Hazard**

**Other**

- Parking Garage
- Carport
- Motor Fuel Serv.
- Repair Garage
- Public Utility
- HPM
- Other-Explain

**Residential**

- Hotel, Motel
- Multi-Family
- IRC Two Family
- IRC Single Family

**Educational**

- Grades (1-12)
- Day Care Facility

**Storage**

- Moderate Hazard
- Low Hazard

Are any **structural assemblies** fabricated off-site?  Yes  No  
 If yes, explain:

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Street Frontage (Feet)	Stories (No.)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (No.)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (No.)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (No.)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (No.)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (No.)	Garage Area (Sq. feet)
New Residential Units (Feet)	Fireplaces (No.)	Office/Sales (Sq. feet)
Existing Residential Units (Feet)	Enclosed Parking (No.)	Service (Sq. feet)
Elevators/Escalator (Feet)	Outside Parking (No.)	Manufacturing (Sq. feet)
Est. Start ____/____/____	Est. Finish ____/____/____	Building Est. Value \$

### 6. Electrical Permit Application

Electrical Work  Yes  No

Total Service \_\_\_\_\_ Amps Number of Circuits: \_\_\_\_\_ 2 Wire \_\_\_\_\_ 3 Wire \_\_\_\_\_ 4 Wire

No. of Service Outlets: \_\_\_\_\_ 110V \_\_\_\_\_ 220V No. of Switches \_\_\_\_\_ 110V \_\_\_\_\_ 220V No. of Fixtures \_\_\_\_\_ 110V \_\_\_\_\_ 220V

	POWER DEVICES	NO.	OUTPUT/LOAD		POWER DEVICES	NO.	OUTPUT/LOAD
1				6			
2				7			
3				8			
4				9			
5				10			
				Total Number of Motors			

Utility Service Revisions:

Est. Start \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. Finish \_\_\_\_/\_\_\_\_/\_\_\_\_ Electrical Work Est. Value \$

**7. Plumbing Permit Application**

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Repaired or Replaced					
Tubs/Showers		Drinking Fountains		Back Flow Preventer	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (No. Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (No. Of Heads)	
Garbage Disposals		Other:		Lawn Sprinklers (Y/N) (No. Of Heads)	
Other:		Other:		Other	
Public Water (Y/N)		Public Sewer (Y/N)		Total Fixtures	
Water Service Size _____IN.		Water Meter Size _____IN.		Avg. Daily Water Use _____GP	
Utility Service Revisions:					
Est. Start ____/____/____		Est. Finish ____/____/____		Plumbing Work Est. Value \$	

**8. Mechanical Permit Application**

Mechanical Work Yes No

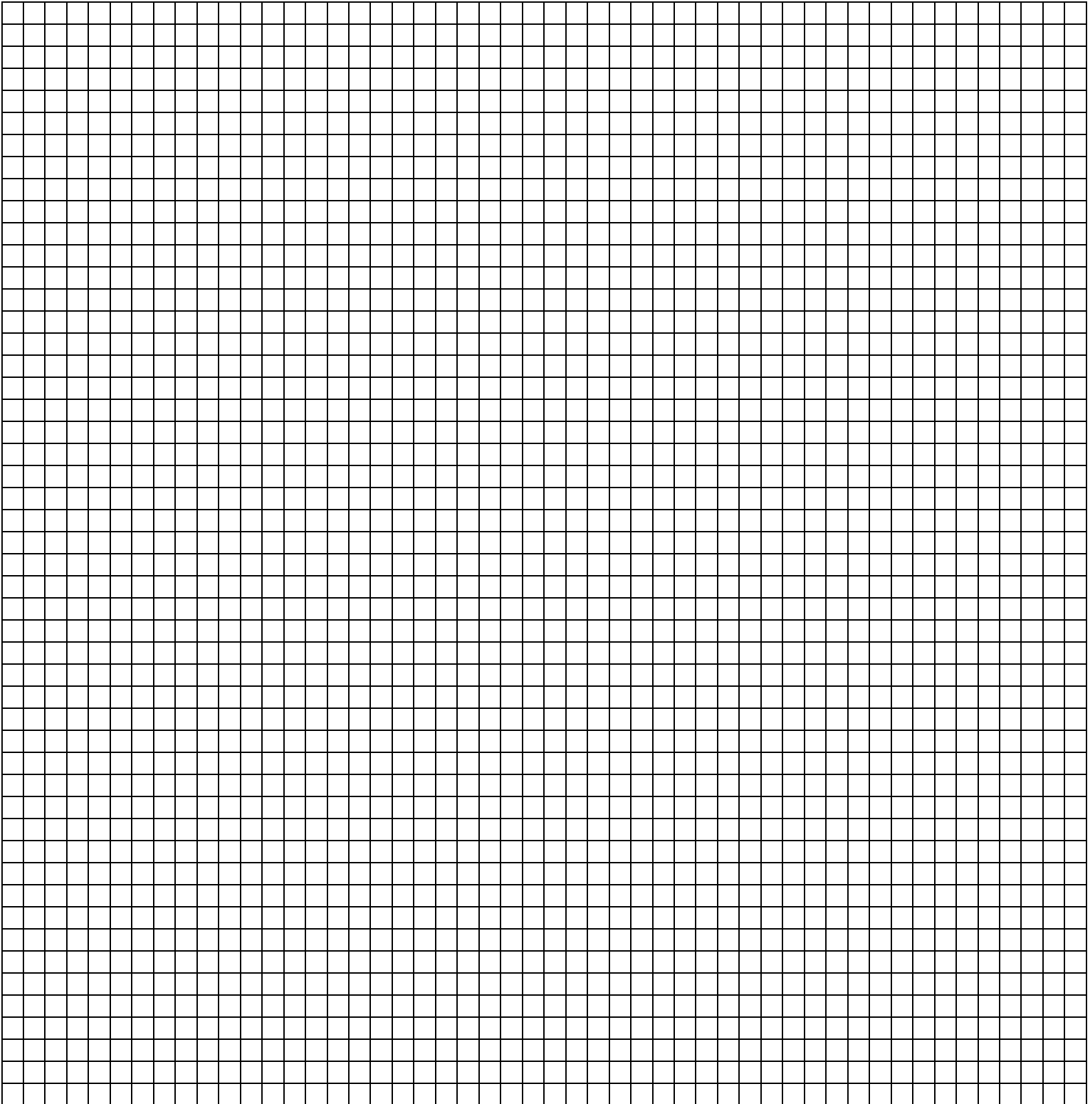
Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One)	<input type="checkbox"/> Gas (1)	<input type="checkbox"/> Oil (2)	<input type="checkbox"/> Electric (3)	<input type="checkbox"/> Coal (4)	<input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)
Est. Start ____/____/____		Est. Finish ____/____/____		Mechanical Work Est. Value \$	

**9. Other Required Permit Application(s)**

Permit Type:		
Description of Work:		
Est. Start ____/____/____	Est. Finish ____/____/____	Est. Value \$

**10. Site Plan**

**(Show lot lines, easements and work layout and dimensions)**



**SCALE = 1 Inch = \_\_\_\_\_ Feet**

**11. Zoning Plan Evaluation**

Zoning District \_\_\_\_\_ Map Number \_\_\_\_\_

Lot Area (From Page 2) \_\_\_\_\_ Lot Coverage (%) \_\_\_\_\_

Lot Area Per Room \_\_\_\_\_ Encroachments \_\_\_\_\_

Off Street Parking Spaces, Required \_\_\_\_\_ Provided \_\_\_\_\_

Loading Space \_\_\_\_\_

Signs; Numbers \_\_\_\_\_ Size of Each Sign \_\_\_\_\_

\_\_\_\_\_

Planning Commission Approval Required \_\_\_\_\_

Board of Zoning Appeals Approval Required \_\_\_\_\_

**12. Additional Permits Required**

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					Demolition				
Mechanical					Accessibility				

**13. Project Documents (Drawings and Calculations)**

Type Drawings / Report	Submitted	Signed and Sealed	Date	Revision Date
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**14. Other Department Approvals**

<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_