

# Trafford Borough Building Permit Application

**Both sides of application to be completed**

<b>APPLICANT</b>		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE (    ) _____		
ALTERNATE PHONE (    ) _____	CELL PHONE (    ) _____	
FAX (    ) _____	PAGER (    ) _____	

<b>OWNER (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)</b>		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE (    ) _____		
ALTERNATE PHONE (    ) _____	CELL PHONE (    ) _____	
FAX (    ) _____	PAGER (    ) _____	

<b>CONTRACTOR (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)</b>		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE (    ) _____		
ALTERNATE PHONE (    ) _____	CELL PHONE (    ) _____	
FAX (    ) _____	PAGER (    ) _____	

<b>LOCATION</b>		
PROPERTY LOCATED AT _____	CITY _____	ZIP _____
BETWEEN _____	AND _____	
(Cross Street)	(Cross Street)	
SUBDIVISION _____	PARCEL # _____	ZONING _____
TAX MAP # <u>36</u> - - - - -	SIZE OF LOT _____	
DEED BOOK _____	VOLUME _____	OWNED SINCE _____

<u>TYPE OF SEWAGE</u> <input type="checkbox"/> ON LOT <input type="checkbox"/> PUBLIC <input type="checkbox"/> NOT APPLICABLE	<u>TYPE OF WATER</u> <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/> NOT APPLICABLE
<b>SEWAGE VERIFICATION REQUIRED AT TIME OF BUILDING PERMIT ISSUANCE</b>	

**PROJECT DESCRIPTION**

**RESIDENTIAL**

- 01 HOUSE
- 02 ADDITION
- 03 REMODELING
- 04 GARAGE
- 05 PORCH, PATIO, DECK
- 06 SWIMMING POOL
- 07 SHED OR STORAGE

**COMMERICAL (BUSINESS)**

- 10 BUILDING
- 11 ADDITION
- 12 REMODLING

**(INDUSTRIAL)**

- 20 BUILDING
- 21 ADDITION
- 22 REMODELING

**OTHER**

- 60 CELL TOWER
- 60 TANK
- 60 MISC. (DESCRIBE) \_\_\_\_\_
- 60 EXEMPT BUILDING \_\_\_\_\_
- 70 DEMOLITION

<b>COST OF IMPROVEMENT</b> _____	<b>BUILDING MEASUREMENTS</b>
	Length _____
	Width _____
	Height _____
<b>SQUARE FOOTAGE OF PROPOSED STRUCTURE</b>	
BASEMENT _____	
1 <sup>ST</sup> FLOOR _____	
2 <sup>ND</sup> FLOOR _____	
DECK _____	
GARAGE _____	
OTHER ENCLOSED AREAS _____	
<b>TOTAL</b> _____	

**IN ADDITION TO THIS APPLICATION THE FOLLOWING IS REQUIRED**

- \_\_\_\_\_ PLOT PLAN (must match building plans for proposed structure)
- \_\_\_\_\_ Two complete sets of building plans
- \_\_\_\_\_ Copy of Deed or verification of ownership
- \_\_\_\_\_ Copy of Workers Compensation Insurance (If applicable)

*Building permit fee is to be paid when permit is issued*

**Applications that are incomplete or that do not contain all the requested information will be rejected until the requested information or documentation is received.**

**We require a 24 hr. notice on all inspections.**

\_\_\_\_\_  
Signature of Person Completing This Form

DATE    /    /