

BOROUGH OF MORTON
500 HIGHLAND AVENUE
MORTON, PENNSYLVANIA 19070
EMAIL Address: ajones@mortonboropa.org
PHONE: (610) 543-4565 FAX: (610) 543-8392

APPLICATION FOR BUILDING PERMIT FEES

Residential --\$40 per \$1,000 cost of project plus \$100 plan review
Commercial - \$55 per \$1,000 cost of project plus \$100 plan review

SECTION 1. PROPERTY AND OWNERSHIP INFORMATION

Owner: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

Property Location: (if different from above): _____

Is property in a designated floodplain area? Yes _____ No _____

SECTION 2. DESCRIPTION OF PROPOSED IMPROVEMENT

☐ **New Construction** (New building or addition to existing building).

General Description: _____

Proposed use: _____

Area (sq.ft.) to be disturbed: _____ Number of trees to be removed, if any: _____

The following must be submitted in duplicate with the application:

- Site plan showing the size and location of existing and proposed structures and other impervious surfaces on the site, distances from lot lines, established and proposed finished grades, and major topographic features including slopes in excess of 15%, areas of significant vegetation, permanent or intermittent streams, floodplains, and wetlands.
- Construction plans sealed by a registered architect or engineer in sufficient detail to determine compliance with applicable Borough codes.
- Description of methods to be used for the management of storm water and control of sedimentation and erosion. Additional plans may be required depending on scope of the proposed improvement.

☐ **Interior Alteration/Renovation/Repair or Demolition**

General description: _____

Former use: _____ Proposed use: _____

The following must be submitted in duplicate with the application:

- Building construction plans in sufficient detail to determine compliance with applicable Borough codes.
- Utility Release forms (demolition only)

SECTION 3. ARCHITECT AND CONTRACTOR INFORMATION

Architect Name: _____

Architect Address: _____

Cell Phone: _____

Contractor Name: _____

Contractor Address: _____

Cell Phone: _____

SECTION 4. PERMIT INFORMATION

Date of application: _____

Contractor's Insurance Company: _____

Cost of permitted work: _____

Applicant's Signature: _____

The right is reserved to revoke this permit if it appears that the same has been obtained by fraud or misrepresentation, or if the Zoning Ordinance is violated.

FOR OFFICE USE ONLY

Folio #: _____ Page and Parcel #: _____

Date Certificate of Insurance Received: _____

Contractor's License #: _____ Fee: _____ Date Paid: _____ Receipt #: _____

Building Permit #: _____ Fee: _____ Date Paid: _____ Receipt #: _____

Zoning Officer's Signature _____ Date: _____

Building Inspector's Signature _____ Date: _____

Building Inspector's Signature _____ Date: _____

Planning and Zoning Signature _____ Date: _____

Date Use and Occupancy Certificate mailed to Delaware County: _____

ZONING INFORMATION (USE FOR NEW CONSTRUCTION)

Zoning District: _____

Existing Use: _____

Proposed Use: _____

Lot Size: _____

Existing Lot Coverage: _____ sq. ft. _____ %

Proposed Lot Coverage: _____ sq. ft. _____ %

Existing Front Yard Setback _____ Proposed Front Yard Setback (New Construction) _____

Existing Rear Yard Setback _____ Proposed Rear Yard Setback (New Construction) _____

Existing Side Yard Setbacks _____

Existing Pervious Coverage _____ sq. ft. _____ %

Proposed Pervious Coverage _____ sq. ft. _____ %

Additional Zoning Information (including applicable variances and conditional use permits):

BUILDING INSPECTOR/ZONING INSPECTOR NOTES:
