TELFORD BOROUGH
BUILDING PERMIT
APPLICATION

A. **OWNER:** _____

MAILING ADDRESS: _____

_____

PROPERTY ADDRESS: _____

_____

PARCEL #: _____

COUNTY: _____

ZONING DISTRICT: _____

TELEPHONE (HOME): _____

(WORK OR CELL): _____

CONTRACTOR: (if resident, workers compensation affidavit must be completed)

NAME: _____

ADDRESS: _____

_____

TELEPHONE: _____

FEDERAL / STATE EMPLOYER I.D. #:

_____

WORKERS COMPENSATION INSURANCE

CARRIER: _____

CERTIFICATE OF INSURANCE MUST BE FORWARDED TO TELFORD BOROUGH OFFICE FAX: (215) 723-5328

B. **TYPE OF WORK:** _____
(new building, addition, demolition, alteration, shed, etc.)

C. **COST OF PERMIT:**
(materials only)

	COST	FEE
General Construction	_____	_____
Electrical Construction	_____	_____
Fire Code Permit	_____	_____
Mechanical Construction	_____	_____
Plumbing Construction (# of fixtures)	_____	_____
TOTAL	_____	_____