Lackawaxen Township Building Permit Application

Owner/Agent:	Phone:	
Address:	Cell:	
ity, State, Zip:	Fax:	
Contractor:PA	A Reg. # Phone:	
ddress:	A 11	
ity, State, Zip:		
roperty Information:		
ax Map#:	Lot Size:	
ub-division (Section, Block, Lot):		-, -
911" House/Street Address:		
uilding Information (Fill in blanks and /or circle all that appl		
roposed Use:	Estimated Cost:	
ermit Type: New Residence Addition Renovation Gara	age: Attached / Detached / Basement	
Porch: Open / Screened Deck Shed Carport	Other:	
Description: Structure is to be ft. long b	oy ft. wide by f	t. hig
# Bedrooms / Baths:#	Stories: Total Sq. Ft: (Living Space)	
	,	•
Accessory Front deck/porchx= Structures:	sq. ft. Rear deck/porchx =	_sq. f
Other deck/porchx=	sq. ft. Garagex =sq.ft.	
Important Notes: It is the Owner/Agent's responsibility to secure	PA Lic # ctivity): e all pertinent information regarding inspections. This Building Packet and also listed on the reverse of the Permit	
lized until the final inspection. • All Building Permits expire six (6) months from	m date of issuance unless work has commenced and are e date. Expired Permits require new Permit issue before d/or use.	
No Certificate of Occupancy will be issued unt Township Ordinance	til the "911" House and/or Street signs are in place, as per	
I certify that all of the above information is true and that I haviolations will be subjected to legal proceedings and possible	e fines not to exceed \$500.00 per day.	any
Owner/Agent Signature:	Date:	
OFFICE USE ONLY:		
Permit #:	Permit Fee:	
Building Officer	Annroval Date	