



# BUILDING PERMIT APPLICATION

BOROUGH OF HUMMELSTOWN  
261 QUARRY ROAD  
HUMMELSTOWN PA 17036  
PHONE: (717) 566-2555 FAX: (717) 566-3324  
[www.hummelstown.net](http://www.hummelstown.net)

Permit No \_\_\_\_\_

Date Received \_\_\_\_\_

## Location of Property (Legal Address):

Property Owner     Tenant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Alt Phone # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Architect     Designer     Engineer

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Alt Phone # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

CONTRACTOR     OWNER-BUILDER

PA Contractor Registration # \_\_\_\_\_

Project Manager: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

## WORKERS' COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain workers' compensation insurance for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy are:

Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of Pennsylvania.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

## Type of Work to be completed (select all that apply):

- |                                           |                                     |                                              |                                                   |
|-------------------------------------------|-------------------------------------|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> BUILDING         | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> ACCESSIBILITY       | <input type="checkbox"/> CERTIFICATE OF OCCUPANCY |
| <input type="checkbox"/> MECHANICAL       | <input type="checkbox"/> PLUMBING   | <input type="checkbox"/> SWIMMING POOL / SPA |                                                   |
| <input type="checkbox"/> FIRE SUPPRESSION | <input type="checkbox"/> FIRE ALARM | <input type="checkbox"/> OTHER: _____        |                                                   |

## Type of Improvement:

- |                                            |                                          |                                            |
|--------------------------------------------|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> New Building      | <input type="checkbox"/> Move Building   | <input type="checkbox"/> Roof              |
| <input type="checkbox"/> Addition          | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Swimming Pool/Spa |
| <input type="checkbox"/> Alteration        | <input type="checkbox"/> Shed            | <input type="checkbox"/> Patio/Deck        |
| <input type="checkbox"/> Repair/Renovation | <input type="checkbox"/> Plumbing Only   | <input type="checkbox"/> Electrical Only   |
| <input type="checkbox"/> Other _____       |                                          |                                            |

## Ownership:

- Private (Individual, Corporation, Non-Profit)  
 Public (Federal, State, Local Government)

## Existing Use:

- One Family     Non-Residential (specify use) \_\_\_\_\_  
 Two or more families – No. of units \_\_\_\_\_

## Proposed Use:

- One Family     Two or more Family / No. of units \_\_\_\_\_  
 Hotel/Motel / No. of units \_\_\_\_\_     Garage     Carport  
 Other \_\_\_\_\_

## Cost of Improvement:

General Contract	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Other/ Trades	\$ _____
<b>Total Cost</b>	<b>\$ _____</b>

DETAILED DESCRIPTION OF PROPOSED WORK:

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**BUILDING FEATURES**

<b>STRUCTURAL (FRAME)</b> <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other _____	<b>HEATING</b> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Other _____	<b>MECHANICAL</b> Air conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No  Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DIMENSIONS</b> Height of building _____ Number of stories _____ Total floor area (sq. ft.) _____ Total lot area (sq. ft.) _____
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**ELECTRICAL INFORMATION**

**FIXTURES AND EQUIPMENT**

QTY	DESCRIPTION	RATING	QTY	DESCRIPTION	RATING	QTY	DESCRIPTION	RATING
_____	AMP service	_____	_____	Ceiling fan	_____	_____	Range	_____
_____	AMP receptacles	_____	_____	Dishwasher	_____	_____	Smoke detector	_____
_____	Vent fans	_____	_____	Disposal	_____	_____	Water heater	_____
_____	Lights	_____	_____	Dryer	_____	_____	Other:	_____
_____	Receptacles	_____	_____	Furnace (Electric)	_____	_____	_____	_____
_____	Switches	_____	_____	Furnace (Gas/Oil)	_____	_____	_____	_____
_____	Air conditioner	_____	_____	Motor - HP	_____	_____	_____	_____
_____	Baseboard heat	_____	_____	Oven	_____	_____	_____	_____

**PLUMBING INFORMATION**

**FIXTURES AND EQUIPMENT**

_____ Piping in walls _____ Piping in slab _____ Sewer lateral _____ Water lateral _____ Stacks _____ Bathtub _____ Lavatories _____ Shower stall _____ Heat lines (Feet)	_____ Water closet _____ Urinal _____ Bidet _____ Kitchen sink _____ Dishwasher _____ Garbage disposal _____ Laundry tray _____ Clothes washer _____ Grease Trap	_____ Oil separator _____ Shop sink _____ Lawn sprinkler & heads _____ Sewage ejector _____ Air conditioning _____ Floor drain _____ Heaters _____ Water heater _____ Drinking fountain
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**Residential Building Applications require a detailed description of the project.**

**Non-Residential Building Applications require 3 sets of PA Design Professional stamped plans.**

**IDENTIFICATION AND VERIFICATION**

(To be completed by applicant, authorized agent, or contractor)

I hereby certify that the proposed work, as contained in this application, is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent.

I also certify and acknowledge that review and approval of plans, applications and the issuance of permits does not relieve the owner from building and constructing all structures in accordance with all applicable Building Codes and other applicable ordinances of the Borough of Hummelstown

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date