



BROOKHAVEN BOROUGH

2 CAMBRIDGE RD, BROOKHAVEN PA, 19015
610-874-2557 X133 FAX 610-874-2612

APPLICATION FOR BUILDING PERMIT CONTRACTOR INFORMATION

DATE _____
NAME _____
ADDRESS _____
PHONE# _____ FAX# _____
EMAIL: _____

**BROOKHAVEN LICENSE # _____ PA STATE LICENSE # _____
(PA HIC LICENSE, CERTIFICATE OF INSURANCE, & WORKMAN'S COMPENSATION MUST BE
ATTACHED TO THIS APPLICATION. PERMIT WILL BE DENIED IF REQUIRED INFORMATION IS
INCOMPLETE)**

BROOKHAVEN PROPERTY LOCATION INFORMATION

OWNER'S NAME _____
ADDRESS _____
PHONE NUMBER _____
JOB LOCATION _____
TYPE OF BUILDING: ___ RESIDENTIAL ___ COMMERCIAL ___ APARTMENT ___ OTHER
___ OLD ___ NEW ___ ADDITION ___ OTHER(SPECIFY) _____
___ ROOFING HOW MANY LAYERS OF ROOF ON PRESENT STRUCTURE? _____

**** YOU MUST SHOW A COPY OF A SIGNED CONTRACT ****

APPLICATION FEE \$ _____ CHECK # _____
FAIR MARKET VALUE OF JOB (SUPPLIES & LABOR) \$ _____
COST OF PERMIT
\$ _____ +\$4.50 UCC \$ _____ PERMIT FEE CHECK # _____ DATE _____
STARTING DATE _____ COMPLETION DATE _____

Commercial App \$200 plus \$4.50 UCC fee Residential App \$50 plus \$4.50 UCC fee

DESCRIPTION OF WORK _____

NOTE: FOR NEW BUILDINGS, SHEDS, DECKS, ADDITIONS, ETC., ATTACH THREE (4) SETS OF PLANS,
DETAILS & SPECIFICATIONS.

**PERMIT MUST BE PICKED UP AT THE MUNICIPAL CENTER BEFORE STARTING JOB. A SELF-ADDRESSED
ENVELOPE MUST ACCOMPANY PERMIT IF YOU WISH IT TO BE MAILED TO YOU.**