

DOVER BOROUGH
46 Butter Road
Dover, PA 17315
Office # 717-292-6530 * Fax # 717-292-7010
E-Mail: doverboro@comcast.net

BUILDING / ZONING PERMIT APPLICATION

(Office use only) Permit # _____ Map # _____ Parcel # _____

Date ____/____/____

Name of Applicant _____ Telephone # _____ - _____

Address of Applicant _____

If you are not the owner of the property - (If you are the owner skip to the next section.)

Owner's Name _____ Owner's Address _____

Owner's Telephone # _____ - _____ Do you have the owner's permission for this project? _____ *

* The owner will be contacted to verify authorization for this permit.

Project Description _____ (Complete Drawing Page 2)

Project Site Address _____
(If other than applicant's address)

Name of Contractor (if other than applicant) _____

Cost of Job \$ _____ Signature of applicant _____

Note: Under Act 222 of the General Assembly included in Section 308, it is stipulated: "Builder must provide a written warranty to the homeowner certifying that the home is in compliance with Act 222 of 1980 which sets minimal energy conservation standards."

A copy of Act 222 is on file in the Dover Borough Office.

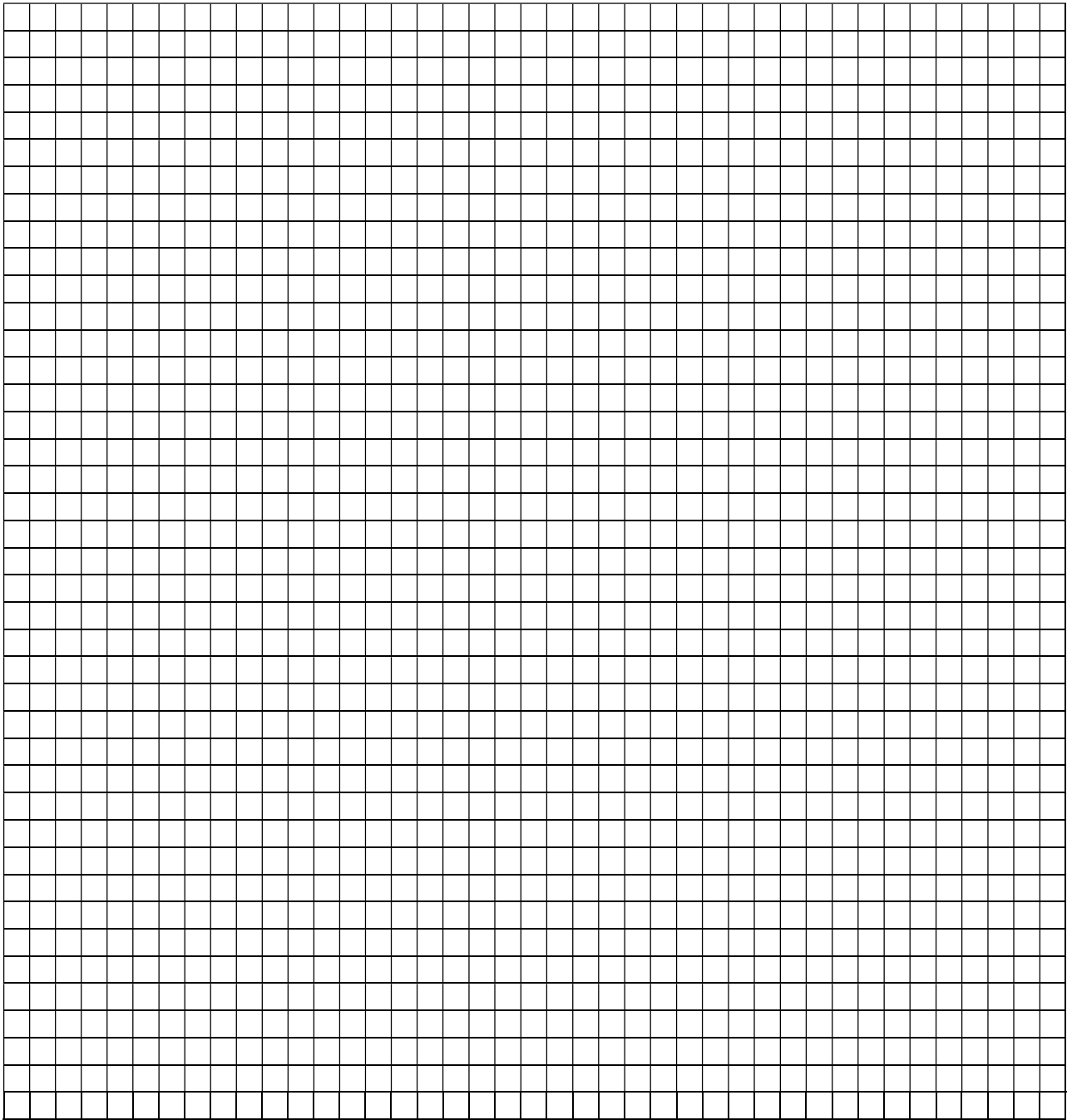
----- (Office use only) -----

Permit Fee - \$ _____ Fee paid: _____ Credit Card _____ Cash _____ Check _____ Ck # _____

Permit issued by _____ Date _____

Site Plan

Show lot lines, easements, all proposed or existing structures, streets/driveways/water & sewer lines, all property lines, all distances of proposed structure(s) from lot lines and work layout and dimensions. Any omitted information will cause a delay of permit issuance.



SCALE = 1 inch = _____ Feet