



Township of Spring

MINOR REPAIRS / RENOVATION

Applicant Name _____ Phone No. _____
 Applicant Address _____ Email address _____

 Property Owner Name (If different from applicant) _____
 Property Owner Address _____ Phone No. _____

 Contractor Name _____ Phone No _____
 Contractor Address _____ Email Address _____
 _____ PA Contractor License No _____
 Project Location Address _____

Please indicate who to contact when the permit is ready for pick up by circling or highlighting the contact information. Please provide a phone number and or an email for correspondence purposes.

1.) Type of Work

Structural Alteration
 Excavation & Grading
 Roofing
 Exterior Repair
 Interior Repair
 Concrete Work
 Other _____

2.) Describe in Detail the work to be performed. Attach separate plans if necessary. Structural alterations require a structural sketch. If using engineered beams or products, please submit the engineered specs along with the application. _____

In consideration of the issue and delivery to me by the Code Enforcement Officer, Applicant agrees that all the provisions of the Building Codes, Zoning Ordinance, and all State Laws pertaining to buildings will be complied with, whether specified or not, and the applicant hereby agrees to identify and keep harmless the municipality, its officers, and duly appointed representatives against all liabilities, judgements, costs, and expenses which may in any way accrue by reason of construction of occupancy of any building, sidewalk, street, road, or highway and strictly comply with the conditions of this permit.

Cost of Improvement \$ _____ Application Date _____ Applicant Signature _____

Permit Fee _____ Issue Date _____ Permit Approved _____

Zoning Officer's Signature

Permit Denied _____

Zoning Officer's Signature