

DAMASCUS TOWNSHIP
APPLICATION FOR BUILDING (UCC) PERMIT # _____

Principal type of frame:

- Masonry Wood Frame Structural Steel Reinforced Concrete
 Other: _____

Type of Sewage Disposal:

- Public or private company Private – on-lot No sewage disposal

Type of water supply:

- Public or private company Private – well, cistern No water

Type of Mechanical:

- Primary Heat source Oil Gas Coal Wood Electric Heat Pump
 Geothermal Central Air Conditioning Radiant Floor heating
Secondary heat Oil Gas Coal Wood Electric

Fire Suppression System: Yes No Type: _____

Dimensions:

Number of Stories (include basement) _____

Height (feet) above ground _____ (Max. 35 feet average)

Square feet of living space _____ Square feet of non-living space _____

(Non-living space includes: garage, deck, porch, outbuilding, areas less than 6.5 feet in height.)

Off-street Parking spaces: Outdoor _____ Enclosed _____

Residential only:

Number of bedrooms: _____

Number of bathrooms: Full: _____ Partial: _____

Total number of rooms excluding bathrooms: _____

Additional Information: _____

Attach: Site plan with dimensions showing property lines, existing buildings, proposed construction, proposed disturbed earth area, erosion and sedimentation control measures, Wayne Conservation District letter, workers compensation insurance certificates for each contractor or notarized affidavit. Attach all other Permits and documents for the site.

List all contractors who will be on-site during construction. Check a box for either workers' compensation insurance box or affidavit box for each contractor/company and provide a Certificate of Insurance showing Damascus Township as the Certificate Holder. A stop work order will be issued if workers compensation certificates or affidavits are not on file for any worker on site.

DAMASCUS TOWNSHIP
APPLICATION FOR BUILDING (UCC) PERMIT # _____

Property owner doing work Yes No Affidavit attached
Design / Architect _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Project Supervisor / Manager _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

General Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Excavation Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Concrete Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Framing Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Electrical Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Insulation Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Plumbing Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Heating System Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

Roofing Contractor _____ Fed. ID _____
Address _____
Phone _____ Workers Comp Attached Affidavit Attached

DAMASCUS TOWNSHIP
APPLICATION FOR BUILDING (UCC) PERMIT # _____

Siding Contractor _____ Fed. ID _____

Address _____

Phone _____ Workers Comp Attached Affidavit Attached

Drywall Contractor _____ Fed. ID _____

Address _____

Phone _____ Workers Comp Attached Affidavit Attached

Tape / Spackle Contractor _____ Fed. ID _____

Address _____

Phone _____ Workers Comp Attached Affidavit Attached

Painting Contractor _____ Fed. ID _____

Address _____

Phone _____ Workers Comp Attached Affidavit Attached

Fire / Burglar Alarm Contractor _____ Fed. ID _____

Address _____

Phone _____ Workers Comp Attached Affidavit Attached

Fire Suppression System Contractor _____ Fed. ID _____

Address _____

Phone _____ Workers Comp Attached Affidavit Attached

Landscape Contractor _____ Fed. ID _____

Address _____

Phone _____ Workers Comp Attached Affidavit Attached

Other _____ Contractor _____ Fed. ID _____

Address _____

Phone _____ Workers Comp Attached Affidavit Attached

Attach additional sheets as needed

Signature of Applicant _____ Date _____

PRINT name of Applicant _____

FOR TOWNSHIP USE

Date Received _____ By _____

Tax Parcel _____ Control No. _____ Zoning District _____

Lot acreage _____ Variance Special Exception Land Development

Date Permit Issued _____ Denied _____