



Butler Township
290 South Duffy Road
Butler, PA 16001
724/287-7465
Fax: 724/282-2142

RESIDENTIAL BUILDING PERMIT APPLICATION

Name of Applicant _____ Name of Owner _____

Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

Name of Contractor/Co. _____ Name of Architect _____

Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

Location of Property (Including lot #, plan, and street name) _____

Size of Property _____

Description of Construction Activity and Number of Stories _____

Type of Permit requested (Check all that apply): Building Electrical Fire Protection
 Mechanical Plumbing Demolition

Estimated Cost of Construction _____

Is Worker's Compensation Certificate provided with this Application? Yes No

Is Applicant Exempt (Notarized statement required)? Yes No

Map & Parcel # _____ Zoning District _____

I hereby acknowledge that the information contained herein is true and correct, and I hereby agree to comply with all applicable provisions of Butler Township's Codified Ordinance.

Signature of Applicant

Date of Application

Print Name

E-mail

Please submit two (2) sets of plans with your completed submission
**Please check with your Homeowner's Association prior to applying for any building/zoning permits.

(FOR TOWNSHIP USE ONLY)

<p>Total Square Footage _____</p> <p>ZHB# (If Applicable) _____</p> <p>Construction Type Classification _____</p> <p>Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Building Use Classification _____</p> <p>Setbacks:</p> <p> Front _____</p> <p> Rear _____</p> <p> Left Side _____</p> <p> Right Side _____</p> <p>Lot Coverage _____</p>	<p>Building Permit Fee _____</p>
<p>Conditions of Issuance _____</p> <p>_____</p>	
<p>_____</p> <p>Building Code Official</p>	<p>_____</p> <p>Approval Date</p>