

BOROUGH OF SINKING SPRING
3940 PENN AVENUE
SINKING SPRING, PA 19608
PHONE: 610-678-4903 FAX: 610-678-5802

UTILITY BUILDING PERMIT APPLICATION

PERMIT # _____

Property Owner: _____	Phone No: _____
Address: _____	
Property Location: _____	
Contractor: _____	Phone No.: _____
Address: _____	

1. Size:	Length: _____	Width: _____	Height: _____	
2. Type:	_____ Pre-manufactured	_____ Built-on-site		
3. Foundation:	_____ Stone	_____ Concrete Pad	_____ Other(explain)	_____
4. Will electric service be installed? (if yes, give details)	_____ Yes	_____ No		
	A) Type of wire: _____			
	B) Depth of wire: _____			
	C) Size and length of wire: _____			
	D) Circuit protector	_____ 15 Amp	_____ 20 Amp	_____ 30 Amp
	E) Number of outlets/switches: _____			
	F) Contractor's Name: _____	Phone No.:	_____	
6. Will water supply pipe be installed? (if yes, give details)	_____ Yes	_____ No		
	A) Size and type of supply pipe: _____			
	B) Depth of pipe: _____			
	C) Contractor's Name: _____	Phone No.:	_____	
Cost of Improvement:	\$ _____			

Signature of Applicant

Date

Approved _____

Date

Denied _____

Location of Improvements

Submit a plot plan of the boundary of the property, to scale, showing the following improvements:

1. Location of all existing and proposed structures and building.
2. Location of the new utility building showing the distance from all property lines.
3. All public and private roads that border the property.
4. All streams, ponds, etc...
5. Driveways and parking, loading areas, etc...

PLOT PLAN



PLEASE NOTE: INCOMPLETE APPLICATION WILL BE REJECTED