

**BOROUGH OF TRAINER
824 MAIN STREET
TRAINER, PA 19061**

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BUILDING PERMIT APPLICATION

Owner's Name: _____ **Phone #** _____

Address: _____

Address where work is going to be done: _____

Is this property going to be used as a Rental Property? YES _____ **NO** _____

Contractor's Name: _____ **Phone #** _____

Contractor's Address: _____

Description/Type of Work: _____

Electrical Work? YES _____ **NO** _____
(If so please describe) _____

Plumbing Work? YES _____ **NO** _____
(If so please describe) _____

Estimated cost of proposed work: \$ _____ **Cost of Permit \$** _____

PAID: _____ **AMT. PAID:** _____ **CASH:** _____ **CHECK #:** _____

If contractor is to perform proposed work, please attach a copy of contractor's certificate of insurance. No permits will be issued to contractors or individuals having contractors do work, without a certificate of insurance.

Applicant's Signature: _____ **Date:** _____

Office Use Only Do Not Write Below This Line

Received: _____ **Reviewed:** _____

Inspection Dates: _____

Remarks: _____

Approved _____ **Rejected** _____ **B.C.E.O.** _____ **Date** _____