

**BOROUGH OF TRAINER  
4300 TOWNSHIP LINE RD.  
TRAINER, PA 19061**

**PHONE 610-497-3838**

**FAX 610-497-7840**

**Email: cremaley@trainerboro.com**

**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** \_\_\_\_\_