

(215) 536-2090
FAX 529-9127

Milford Township
2100 Krammes Rd
PO Box 86, Spinnerstown, Pa. 18968

Received _____

(I) Deck / Patio Application (General Info)

Project Address: _____ Tax Parcel # _____

Owner's name: _____ Phone: (H) _____

Mailing Address: _____ Phone:(W) _____

I authorize Township officials and/or engineers to enter this land for site inspections

Owner's Signature: _____ Date: _____

Contractor's name: _____ License # _____ Phone: _____

Address: _____ Certificate of Insurance ()

I hereby certify that the proposed work is authorized by the owner of record to make this application as his authorized agent and agree to conform to all applicable building/zoning laws

Contractor's Signature: _____ Date: _____

(II) PROJECT DESCRIPTION:

(A) DECK - PATIO - PAVERS PROJ. COST \$ _____

length _____ width _____ material _____ foundation _____

_____ handrail height _____ baluster spacing () gate () steps

(III) ALL APPLICATIONS MUST BE ACCOMPANIED BY:

- () Site Plan: showing the location of proposed structure with distances from all property lines
- () Construction Drawings: detailed information showing material and measurements
- () Certificate of Insurance: If not installed by homeowner, Pa. State Law requires contractors to provide Insurance Certificate.

REQUIRED INSPECTIONS

(Calls must be made 24 hours in advance)

- 1st** Stake Out
- 2nd** Foundation: after excavation and BEFORE pouring footings
- 3rd** Deck Framing
- 4th** Final: after all construction and before occupancy

OFFICE USE ONLY

Zoning District _____ Permit # _____()

PERMIT FEES:

362-41 Building _____

362-40 Zoning _____

362-46 L & I _____

TOTAL FEE \$ _____