

*Foster Township*  
**Uniform Construction Code *Building* Permit Application**

**Location of proposed work or improvement:**

Street Address: \_\_\_\_\_

Lot No.: \_\_\_\_\_ Tax Parcel No.: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Designer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Type of work of improvement (check one):**

New Building \_\_\_\_ Addition \_\_\_\_ Alteration \_\_\_\_ Repair \_\_\_\_ Swimming Pool \_\_\_\_ Demolition \_\_\_\_  
Deck \_\_\_\_ Foundation Only \_\_\_\_ Change of Use \_\_\_\_ Plumbing \_\_\_\_ Mechanical \_\_\_\_ Electrical \_\_\_\_

Describe the proposed work: \_\_\_\_\_

\_\_\_\_\_

**Square footage of construction:** \_\_\_\_\_ **Estimated cost of construction:** \_\_\_\_\_

Note: Construction value may be based on stated square footage value or the ICC valuation charts as per the type of construction, if a dispute arises

**Description of building use:**

Residential  
\_\_\_\_ One-Family dwelling  
\_\_\_\_ Two-Family dwelling

Non-Residential  
Specific use: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Change in use: \_\_\_\_ Yes \_\_\_\_ No  
If "Yes" Indicate former: \_\_\_\_\_  
Maximum occupant load: \_\_\_\_\_  
Maximum live load: \_\_\_\_\_

**Building/Site Characteristics:**

Number of residential dwelling units: \_\_\_\_ Existing \_\_\_\_ Proposed

Mechanical: Indicate type of heating/ventilating/air conditioning (electric, gas, oil, etc.) \_\_\_\_\_

Water service: \_\_\_\_ Public \_\_\_\_ Private Sewer service: \_\_\_\_ Public \_\_\_\_ Private (permit no.) \_\_\_\_\_

Does or will your building contain any of the following:

Fireplace(s) \_\_\_\_ Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Type of vent \_\_\_\_\_

Elevator/Escalator/Lifts/Moving walks: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Sprinkler system \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Pressure vessels \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Refrigeration system \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

