

BOROUGH OF TRAINER
BUILDING PERMIT APPLICATION

PHONE #610-497-3838 – FAX #610-497-7840

OWNER'S NAME: _____ PHONE # _____

ADDRESS: _____

ADDRESS WHERE WORK IS GOING TO BE DONE: _____

CONTRACTORS NAME & ADDRESS: _____

CONTRACTORS PHONE # _____ INSURANCE AGENT: _____

DESCRIPTION/TYPE OF WORK: _____

ESTIMATED COST OF JOB:\$ _____ COST OF PERMIT: \$ _____

PAID _____ CASH _____ CHECK _____ CHECK # _____

NOTICE TO CONTRACTORS: ALL CONTRACTORS MUST HAVE LIABILITY INSURANCE YOU MUST SUBMIT A CERTIFICATE OF INSURANCE AT TIME OF FILLING OUT PERMIT APPLICATION.

APPLICANTS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

RECEIVED: _____ REVIEWED: _____

INSPECTION DATE: _____

REMARKS: _____

APPROVED: _____ REJECTED: _____ B.C.E.O. _____ DATE: _____

PERMIT # _____

Public Safety Chairman: George Shertenlieb

Building Inspector: Keith Crowley

Electrical Inspector: Mark Logue

Plumbing Inspector: Jack Elliott

Deputy Health Officer: Susan Hower