

Borough of Malvern

Malvern PA 19355

Tel: 610-644-2602

Fax: 610-644-4504

Email: bwilfong@malvern.org

www.malvern.org

*1 E. First Ave.
Ste. 3*

BUILDING PERMIT

DEPT. FILE COPY

AMOUNT PAID

VALIDATION

DATE _____ PERMIT NO. _____

APPLICANT _____ ADDRESS _____ (NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO _____ (TYPE OF IMPROVEMENT) () STORY _____ NUMBER OF DWELLING UNITS _____
NO. (PROPOSED USE)

AT (LOCATION) _____ ZONING DISTRICT _____
(NO.) (STREET)
BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

BUILDING IS TO BE _____ FT. WIDE BY _____ FT. LONG BY _____ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE _____ USE GROUP _____ BASEMENT WALLS OR FOUNDATION _____ (TYPE)

REMARKS: _____

AREA OR VOLUME _____ ESTIMATED COST \$ _____
(CUBIC/SQUARE FEET)

PERMIT FEE \$ _____
+ PA Stat 4.00
TOTAL

OWNER _____ BUILDING DEPT. BY _____
ADDRESS _____

(Affidavit on reverse side of application to be completed by authorized agent of owner)

FORM NO. I.C.C. - BP 2003