



BOROUGH OF WEST READING

CODE ENFORCEMENT DEPARTMENT

500 Chestnut Street, West Reading PA 19611

(610) 374-8273 Fax: (610) 374-8419

E-mail: wrcodes@westreadingborough.org

Application for Building Permit

Work Start Date: _____	
Name of Owner:	Address:
Phone No:	Email Address:
Name of Contractor:	Address:
Phone No:	Email Address:
Property Location:	
Application is hereby made for the following:	
☐ Erect a New Building or Structure	☐ Alteration to Existing Building or Structure
☐ Addition to Existing Building or Structure	☐ Other:
DESCRIPTION OF WORK TO BE PERFORMED (Include detailed material list & scope of work):	
Estimated Costs: (Include HVAC, Electrical, Plumbing & Site Work) \$ _____	
ALL WORK SHALL CONFORM TO APPLICABLE STATE CODES (Description, plans & specifications may be required)	
Berks County Conservation District Approval is Required for Earth Disturbances Equal to or Greater than 5,000 SF	
Inspection Fees: The building permit fee shall include inspections for each of the following items: footing, foundation, framing, plumbing, electrical, mechanical, energy, wallboard and final. The permit holder will be responsible for scheduling inspections with the Borough inspection staff. The fees for any re-inspections, as may be required due to an item failing the initial inspection, will be invoiced to the permit holder in the amount of \$75.00 each.	
Statement by Applicant, Owner and/or Owner's Agent:	
I hereby certify that I am the Owner or the Agent of the Owner, that I am authorized to make this application and that the information contained in this application is accurate to the best of my knowledge. Further, I/we agree to adhere to all applicable Borough of West Reading Ordinances and Regulations. I/we understand that once the permit review process has begun, I am responsible for paying the cost of the permit, irrespective of whether I actually use the permit or not. I/we agree to be liable for all costs required to collect said fee(s).	
Signature of Applicant: _____ Date: _____	
Fees: Building Permit: \$ _____ + State UCC Charge: \$ <u>4.50</u> = \$ _____	
Commercial Plan Review Fees: (based on \$225 for the 1st hour & _____ hours at \$150 + other costs _____) = \$ _____	
Paid By:	Total Due: \$ _____
Check No.: _____ Date: _____	COI: _____ General Liability _____ Workers' Comp _____ W.C. Affidavit
Approval/Denial:	
☐ Application Approved*	☐ Application Denied
Reason(s) for Denial: _____	
Building Code Official's Signature: _____ Date: _____	
*The Owner/Applicant is advised that deed restrictions or covenants may prohibit this activity. It is the Owner/Applicant's responsibility to review and comply with these restrictions. Approval of this permit application by the Building Code Official does not relieve the Owner/Applicant from complying with these restrictions.	