

Borough of Bridgeport  
63 West Fourth Street, Bridgeport, PA 19405  
Phone 610-272-1811 Fax 610-292-8236

**Building Permit Application**

**\*\*\*\*Incomplete applications will be returned\*\*\*\***

**Location:**                      **Commercial:** \_\_\_\_\_ **Residential:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Property Owner:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

No P. O. Box

**Phone #** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Contractor:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

No P. O. Box

**Phone #** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Applicant:**

**Name** \_\_\_\_\_ **Relationship to Owner** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Proposed Work:**

Applicant must provide additional documentation including, but not limited to two sets of:  
A plot plan, sketches, sealed architectural plans, specifications, truss drawings, etc. as required. Signed  
contract between homeowner and contractor must be provided.

Indicate Proposes work: \_\_\_\_\_

**Estimated Cost:** \_\_\_\_\_ **Fee** \_\_\_\_\_

**FEE MUST BE PAID BY CHECK OR CASH (CASH MUST BE THE EXACT AMOUNT)**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Highlighted areas required.**

**Building Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_