

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

Building Permit Application

Location:

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 _____

Applicant Signature: _____ Date: _____

Highlighted areas required.

Building Inspector: _____ Date: _____

Incomplete applications will be returned.