



Municipality of Norristown
 Department of Building & Code Enforcement
 235 E Airy Street, Norristown, PA 19401
 Phone: (610) 270-0441 Fax (610) 279-7548



Plan Review Application

2 sets of plans are required and will be returned to the Applicant. Please complete all applicable sections.

Application Date: _____ Applicant Name (Print): _____

Property Information			
Location of Proposed Work or Improvement:			
Parcel Number:		Lot Number:	
		Phase:	
Subdivision/Land Development:			Section:
Describe Current Building Use:			
Current Building Use Group:	Residential: <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 (<i>Single-Family & Two-Family Dwellings</i>) <input type="checkbox"/> R-4*		
	Commercial: <input type="checkbox"/> A-1 <input type="checkbox"/> A-5 <input type="checkbox"/> F-2 <input type="checkbox"/> H-4 <input type="checkbox"/> I-3* <input type="checkbox"/> S-2 <input type="checkbox"/> A-2 <input type="checkbox"/> B <input type="checkbox"/> H-1 <input type="checkbox"/> H-5 <input type="checkbox"/> I-4 <input type="checkbox"/> U <input type="checkbox"/> A-3 <input type="checkbox"/> E <input type="checkbox"/> H-2 <input type="checkbox"/> I-1* <input type="checkbox"/> M <input type="checkbox"/> A-4 <input type="checkbox"/> F-1 <input type="checkbox"/> H-3 <input type="checkbox"/> I-2* <input type="checkbox"/> S-1		
	Building Uses with an (*) must have a condition identified.		
	Condition: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

Property Owner Information			
Property Owner Name:			Date:
Mailing Address:			
Email:		Phone:	
		Fax:	

Contractor Information			
Property Owner Name:			Date:
Mailing Address:			
Email:		Phone:	
		Fax:	

Type of Work or Improvement	
Type of Work:	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Change of Use <input type="checkbox"/> Other
Plans to be Reviewed:	<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire <input type="checkbox"/> Mechanical <input type="checkbox"/> Accessibility
Describe Proposed Work: <i>Use extra sheets if needed</i>	

Change in Use

Describe the Proposed Use of the Building:	
Proposed Building Use Group:	<p>Residential: <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 (<i>Single-Family & Two-Family Dwellings</i>) <input type="checkbox"/> R-4*</p> <p>Commercial: <input type="checkbox"/> A-1 <input type="checkbox"/> A-5 <input type="checkbox"/> F-2 <input type="checkbox"/> H-4 <input type="checkbox"/> I-3* <input type="checkbox"/> S-2 <input type="checkbox"/> A-2 <input type="checkbox"/> B <input type="checkbox"/> H-1 <input type="checkbox"/> H-5 <input type="checkbox"/> I-4 <input type="checkbox"/> U <input type="checkbox"/> A-3 <input type="checkbox"/> E <input type="checkbox"/> H-2 <input type="checkbox"/> I-1* <input type="checkbox"/> M <input type="checkbox"/> A-4 <input type="checkbox"/> F-1 <input type="checkbox"/> H-3 <input type="checkbox"/> I-2* <input type="checkbox"/> S-1</p> <p>Building Uses with an (*) must have a condition identified.</p> <p>Condition: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>

If we have any questions regarding the submitted plans, or for pick-up of the plans and payment of the plan review fees who shall we contact?

Property Owner Contractor Other: (*Please provide the contact person's name and contact information*)

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

APPROVAL OF ANY PLANS SUBMITTED FOR PLAN REVIEW IS NOT A PERMIT TO START WORK. PRIOR TO ANY WORK BEING CONDUCTED AT THE PROPERTY LOCATION THE APPLICANT MUST SUBMIT A PERMIT APPLICATION FOR APPROVAL AND PAY THE REQUIRED PERMIT FEES.

I understand that this application is for the purposes of plan review only. The information provided in this Application is true and correct to the best of my knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities. The undersigned is the owner of said structure or has been authorized by the owner(s) to act as agent in procuring the building permit herein requested. The undersigned also takes full responsibility for all work performed and will comply with all provisions of the Zoning Ordinance, the Building Code and with all applicable ordinances of Norristown.

ALL PLAN REVIEW FEES MUST BE PAID IN FULL BEFORE PLANS ARE RELEASED.

Name of Property Owner/Authorized Agent (Please Print): _____

Signature of Property Owner/Authorized Agent: _____ Date: _____

Plan Reviewer Use Only	
Signature of Building Plan Reviewer:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <div style="text-align: right;">Fee: \$ _____</div>
Signature of Electrical Plan Reviewer:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <div style="text-align: right;">Fee: \$ _____</div>
Signature of Plumbing Plan Reviewer:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <div style="text-align: right;">Fee: \$ _____</div>
Signature of Mechanical Plan Reviewer:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <div style="text-align: right;">Fee: \$ _____</div>
Signature of Accessibility Plan Reviewer:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <div style="text-align: right;">Fee: \$ _____</div>
Signature of Fire Plan Reviewer:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <div style="text-align: right;">Fee: \$ _____</div>
Contact Called: ____/____/____	Total Fees Due: \$ _____