



## STEPS TO OBTAINING YOUR BUILDING/DEMOLITION PERMIT

Bureau Veritas North America, Inc.  
Ross Township Permit Application  
Submit to: Ross Township  
250 Anchorage, P.O. Box 276, Saylorsburg, PA 18353  
Phone: 570-992-4990

- \* Complete the Bureau Veritas Permit Application
- \* This form along with three sets of plans must be submitted to the above address
- \* Plans submitted for the construction of a commercial project must be Stamped by an Engineer/Architect registered in the State of Pennsylvania
- \* Commercial demolition requires approval from the DEP

**\*FULL PAYMENT IS REQUIRED PRIOR TO THE PERMIT BEING ISSUED\***

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Please Print

Municipality: \_\_\_\_\_ Date: \_\_\_\_\_

Work Site Address: \_\_\_\_\_  
(Street) (City) (Zip)

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Address: \_\_\_\_\_  
(Street) (City) (Zip)

On Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Person responsible: \_\_\_\_\_ Phone: \_\_\_\_\_

for permit fees:

Email: \_\_\_\_\_

TYPE OF WORK (Please check either "Residential" or "Commercial" below and provide all information requested):

<input type="radio"/>	Residential Project	Description: _____	Cost: \$ _____
New building square footage (excluding garage) _____		(all floors)	
Finished basement square footage: _____		(if applicable)	

<input type="radio"/>	Commercial Project	Description: _____	Cost: \$ _____
Check one:	___ New building	___ Existing building	___ New building Square Footage: _____
(all floors)			

I hereby certify that the proposed work is authorized by the owner of record and that I am or have been authorized to make application as his/her authorized agent and agree to conform to all applicable laws of the jurisdiction.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Office Use Only

Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_ Code Edition: \_\_\_\_\_  
Plan Review Date: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Plan Reviewer: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_ State Fee: \$4.50 Total Due: \$ \_\_\_\_\_  
Permit #: \_\_\_\_\_ TMS #: \_\_\_\_\_