

Trappe Borough  
525 W. Main Street  
Trappe, PA 19426

610.489.7181  
610.489.8827 (F)

## Fire Protection Permit Application

Residential       Commercial

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Applicant: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contractor/Company: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Type of Work to be Performed:**

- New Building     Renovation     Addition     Change of Use  
 Sprinkler System     Fire Alarm     Kitchen Hood     Standpipe     Other

**Project Description:**

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- **Required: Two sets of plans**
- **Permit fee: payable to Trappe Borough**
- **Certificate of Insurance naming the Borough as Certificate Holder.**
- **Fees cover initial plan review & inspection – additional review fees may apply**
- **Application must be signed**
  
- I hereby certify that I am the owner or authorized by the owner to sign this permit application that the information contained within is accurate and I/we agree to abide by all applicable laws of jurisdiction. I understand that the Borough will be approving this application based on information I have provided, that if inaccurate may affect the approvals. Permit fees are not refundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**FOR BOROUGH USE ONLY:**

\* Permit Fee: \_\_\_\_\_  
 UCC Fee: \_\_\_\_\_  
 Total Fee: \_\_\_\_\_

Received: \_\_\_\_\_ Check # \_\_\_\_\_  
 Verified: \_\_\_\_\_

- PAYMENT NOTED ABOVE
- PLANS / DOCUMENTATION
- CERTIFICATE OF INSURANCE
- WORKER'S COMP COVERAGE
- ZONING APPROVAL IF APPLICABLE

PARCEL ID# \_\_\_\_\_  
 ZONING DISTRICT: \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

\_\_\_\_\_  
 Building Code Official