

**BOROUGH OF TRAINER**  
**BUILDING PERMIT APPLICATION**

PHONE #610-497-3838 – FAX #610-497-7840

OWNER'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS WHERE WORK IS GOING TO BE DONE: \_\_\_\_\_

CONTRACTORS NAME & ADDRESS: \_\_\_\_\_

CONTRACTORS PHONE # \_\_\_\_\_ INSURANCE AGENT: \_\_\_\_\_

DESCRIPTION/TYPE OF WORK: \_\_\_\_\_

ESTIMATED COST OF JOB: \$ \_\_\_\_\_ COST OF PERMIT: \$ \_\_\_\_\_

PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHECK # \_\_\_\_\_

**NOTICE TO CONTRACTORS: ALL CONTRACTORS MUST HAVE LIABILITY INSURANCE YOU MUST SUBMIT A CERTIFICATE OF INSURANCE AT TIME OF FILLING OUT PERMIT APPLICATION.**

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE**

RECEIVED: \_\_\_\_\_ REVIEWED: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

APPROVED: \_\_\_\_\_ REJECTED: \_\_\_\_\_ B.C.E.O. \_\_\_\_\_ DATE: \_\_\_\_\_

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

Public Safety Chairman: Gerald Steppke  
Code Enforcement: Tim Durham  
Building Inspector: Tim Durham  
Plumbing Inspector: Tim Durham