



**BUREAU  
VERITAS**

## STEPS TO OBTAINING YOUR BUILDING/DEMOLITION PERMIT

BUREAU VERITAS  
105 GOVERNMENT CENTER WAY  
SUITE 101  
POCONO PINES, PA 18350  
PHONE: (570) 894-2801  
FAX: (570) 894-2986

Complete the Bureau Veritas Permit Application

Complete the Direction Form

Obtain a Certificate of Liability Insurance from your  
Contractor/Builder

These forms along with two 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 by the DEP

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

Bureau Veritas North America, Inc.

PERMIT APPLICATION

Submit to: Bureau Veritas

105 GOVERNMENT CENTER WAY, SUITE 101 POCONO PINES, PA 18350

Phone: 570-894-2801

Fax: 570-894-2986

PLEASE PRINT

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

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

Work Site Address: \_\_\_\_\_  
(street) (city) (zip)

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

e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (city) (zip)

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

e-mail: \_\_\_\_\_

Contractor Address: \_\_\_\_\_  
(street) (city) (zip)

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

Person responsible for permit fees: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

Residential Project Description: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
New building square footage (excluding garage): \_\_\_\_\_ Finished basement square footage: \_\_\_\_\_  
(all floors) (if applicable)

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 we agree to conform to all applicable laws of this jurisdiction.

\_\_\_\_\_  
(print name) (signature) (date)

**Office Use Only**  
Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_  
Codes Used: \_\_\_\_\_  
Plan Review Date: \_\_\_\_\_  Approved  Not Approved  
Plan Reviewer: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_ State Fee: \$4.00 Total Due: \$ \_\_\_\_\_  
Permit #: BP \_\_\_\_\_ TMS # \_\_\_\_\_

**DIRECTION FORM**

**Address of construction site:** \_\_\_\_\_  
(street) (city)

**Please provide detailed directions to the construction location:**

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