



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

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

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

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

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

Person responsible for permit Fees: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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 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 #: \_\_\_\_\_