

No. \_\_\_\_\_

<b>LOCATION OF PROPOSED WORK OR IMPROVEMENT</b>		Zoning District _____
Site Address: _____	Tax Parcel # _____	
Lot # _____	Subdivision/Land Development: _____	Phase: _____ Section: _____

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Occupant/Tenant: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT** (Check One)

New Building   
 Addition   
 Alteration   
 Repair   
 Demolition   
 Relocation  
 Foundation Only   
 Change of Use   
 Sprinkler   
 Other

Describe the proposed work: \_\_\_\_\_

NOTE: If setting up a manufactured home, the following number is also **REQUIRED**.

\* MANUFACTURED HOUSING BOARD LICENSE # \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION** (reasonable fair market value) \$ \_\_\_\_\_

**DESCRIPTION OF BUILDING USE** (Check One)

**RESIDENTIAL**

One-Family Dwelling (R-3)   
 Two-Family Dwelling (R-3)   
 Multi-Family (R-2)   
 Hotels (R-1)

**NON-RESIDENTIAL** Specific Use: \_\_\_\_\_ Use Group: \_\_\_\_\_

Change in Use  YES  NO If yes, Indicate Former: \_\_\_\_\_

Maximum Occupancy Load \_\_\_\_\_ Maximum Live Load \_\_\_\_\_

**BUILDING/SITE CHARACTERISTICS**

**Number of Residential Dwelling Units:** \_\_\_\_\_ Existing \_\_\_\_\_ Proposed \_\_\_\_\_

**Mechanical:** Indicate Type of Heating / Ventilating / Air Conditioning (i.e. electric, gas, oil, etc.) \_\_\_\_\_

**Water Service:** (Check)  Public  Private    **Sewer Service:** (Check)  Public  Private

**Does or will your building contain any of the following:**

**Fireplace(s):** Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ BTU's \_\_\_\_\_ Type Vent \_\_\_\_\_

**Elevator/Escalators:**  YES  NO    **Lifts/Moving Walks:**  YES  NO

**Sprinkler System:**  YES  NO    **Pressure Vessels:**  YES  NO

**Refrigeration Systems:**  YES  NO

Permit No. \_\_\_\_\_  
Address \_\_\_\_\_

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.  
Proposed Building Area: \_\_\_\_\_ sq. ft.  
Total Building Area: \_\_\_\_\_ sq. ft.

Number Of Stories: \_\_\_\_\_  
Height of Structure Above Grade: \_\_\_\_\_ ft.  
Area of the Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN (This section is REQUIRED to be completed)**

Is the site located within an identified flood prone area? (Check One)  YES  NO

What Zone? (Check One) \_\_\_\_\_ A \_\_\_\_\_ AE \_\_\_\_\_ X

Will any portion of the flood prone area be developed? (Check One)  YES  NO

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d). Fair Market Value of Structures \$ \_\_\_\_\_

**\*\*\*\*Start of work must commence within 180 days from the issuance of permit \*\*\*\***

**PROPERTY OWNER CERTIFICATION**

I, the owner/lessee of the property subject of this building permit do hereby acknowledge that it is my sole responsibility to be certain the exact location of my property lines, as well as any Flood Hazard areas, other covenants, deed restrictions, easements or rights of way encumbering same (as shown on my deed); and by submitting this permit application am certifying that all proposed construction will be in accordance to all required setbacks, based upon my property location.

**PROPERTY OWNER SIGNATURE** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_  
*(Original signature is required)*

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure only if there is no contractor involved, or agent of either, or by the registered design professional employed in connection with the proposed work.

**I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
**ORIGINAL SIGNATURE** of Property Owner Print Name of Property Owner

\_\_\_\_\_  
**ORIGINAL SIGNATURE** of Authorized Agent/Contractor Print Name of Authorized Agent/Contractor

\_\_\_\_\_  
Contractor Address Date

Directions to Site: \_\_\_\_\_

**FOR CODE ADMINISTRATOR USE ONLY**

**ADDITIONAL PERMITS / APPROVALS REQUIRED:**

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> CUT AND FILL	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> HARB	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

**PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

**APPROVALS:**

BUILDING PERMIT DENIED: Date \_\_\_\_\_ Date Returned \_\_\_\_\_

BUILDING PERMIT APPROVED: \_\_\_\_\_ Date \_\_\_\_\_

ZONING / CODE ADMINISTRATOR \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_ PERMIT # \_\_\_\_\_

BUILDING PERMIT FEE \_\_\_\_\_ SPRINKLER PERMIT FEE (if appl.) \_\_\_\_\_

PLAN REVIEW FEE (if appl.) \_\_\_\_\_ ZONING PERMIT FEE (if appl.) \_\_\_\_\_

TOWNSHIP FEE \_\_\_\_\_ OTHER \_\_\_\_\_

PA STATE UCC FEE \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**NOTES:**

**SITE OR PLOT PLAN – FOR APPLICANT USE – SHOW ALL PROPERTY LINES -LABEL STREETS AND ALLEYS-  
ALL EXISTING STRUCTURES**

