

No. _____

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

Owner: _____	Phone # _____	Fax # _____
Mailing Address: _____	E-Mail: _____	
Occupant/Tenant: _____	Phone # _____	Fax # _____
Mailing Address: _____	E-Mail: _____	
Principal Contractor: _____	Phone# _____	Fax# _____
Mailing Address: _____	E-Mail: _____	
Architect: _____	Phone# _____	Fax# _____
Mailing Address: _____	E-Mail: _____	

Permit No.
Address

TYPE OF WORK OR IMPROVEMENT (Check One)
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation
<input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Sprinkler
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

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Area: _____ sq. ft.
Total Building Area: _____ sq. ft.

Number Of Stories: _____ Proposed Building
Height of Structure Above Grade: _____ ft.
Area of the Largest Floor: _____ sq. ft.

FLOODPLAIN (This section 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 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 Owner or Authorized Agent/Contractor

Print Name of Owner or Authorized Agent/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 \$ _____ PLUMBING PERMIT FEE (if appl.) _____

MECHANICAL PERMIT FEE (if appl.) _____ ELECTRICAL PERMIT FEE (if appl.) _____

PLAN REVIEW FEE (if appl.) _____ PA STATE UCC FEE _____

TOTAL DUE \$ _____

DATE STAMP / NOTES:

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

