Permit Application



INUITIDEI _____

Location of Proposed Work or Improvemen	nt
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Municipality*	County*		
Site Address*		Tax Parc	el #
City		State	Zip code
Lot # Subdivision/Land Development		Phase	Section
Owner*	Phone #*		Fax #
Mailing Address*		E-	Mail
City		State	Zip code
Principal Contractor*			Fax #
Mailing Address*		E-	Mail
City			Zip code
Architect			- Fax #
Mailing Address		E-	Mail
City			Zip code
Type of Work or Improvement* (Select all that ap			
☐ New Building ☐ Addition ☐ Alteration	on Repair	Demolition	Relocation Energy
☐ Foundation Only ☐ Change of Use ☐ Plumbin	g Mechanical	Electrical	Fire Protection
Describe the proposed work			
Estimated Cost of Construction* (reasonable fa	ir market value)		
a. Structural Cost		\$	
Installation(s) not included in above cost			
b. Electrical		\$	
c. Plumbing			
d. Heating, Air Conditioning		_	
e. Other		Φ	
Total Cost of Project (a+b+c+d+e)		\$	

Descript	tion of Building Use *(Select One)								
<u>Residential</u>				<u>Non</u>	-Resident	<u>ial</u>				
	One-Family Dwelling	(R-3)			Specifi	c Use:				
	Two-Family Dwelling	(R-2)			Use Gr	_				
	Multi-Family (R-2) Change in U				Yes No					
	Hotels	(R-1)	If YES, Indicate Former:							
							ncy Load:			
							oad:			
Building	y/Site Characteristics									
	Number of Residential Dv	velling Units:		_Existir	ng		Proposed			
	Mechanical: Indicate Type	of Heating/Venti	ilating/Air Ca	nditioni	ng (i e	electric vas	s oil etc)			
	Water Service: (Select)		iumg/im ee	,1141110111	115 (1.0.,	ereen re, gas				
	Sewer Service: (Select)		entic Permit #	<u>!</u>						
		ics into se	pero i cimic "							
Does or w	ill your building contain a	•	_							
	Fireplace(s): Number				BTU	's	Type Ve	nt		
	Elevator/Escalators/Lifts/	Moving walks: (S	Select)		Yes	□No)			
	Sprinkler System:	Yes	No							
	Pressure Vessels:	Yes	□No							
	Refrigeration Systems:	Yes	No							
BUILDING	DIMENSIONS									
	Existing Building Area:			sq.ft.	Numbe	er of Stories:	:			_
	Proposed Building Area:			_ sq.ft.	Height	of Structure	e Above Grade	:		ft.
	Total Building Area:			_ sq.ft.	Area of	f Largest Flo	oor:			_ sq.ft
FLOODPL	AIN									
	Is the site located within ar	identified flood	prone area?	(Select C	ne)	Yes)		
	Will any portion of the floo	d prone area be o	developed? (Select O	ne)	Yes	□No)	□N/A	
	Owner/Agent shall verify the Insurance Program and the									
HISTORIC	DISTRICT									
	Is the site located within a l	Historic District?			□Yes	1	□No			
	If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.						ipality.			

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, 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.				
Signature of Owner or Authorized Agent	Print Name of Owner or Authorized Agent			
Address	Date			
Directions to Site:				

^{*} Indicates required field.