

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE
2006 INTERNATIONAL BUILDING CODE SERIES IS ENFORCED

Application Date _____

Application No. _____

1. PROPERTY INFORMATION

Tax Map _____

Owner _____

Parcel No. _____

Site Address _____

Zone: Agricultural ___ Commercial ___ Conservation ___ Industrial ___ Residential ___

2. OWNER'S INFORMATION

First Name: _____

Mi.: _____

Last Name: _____

Phone No.: _____

Street Address: _____

City: _____

State: _____

Zip: _____

3. BUILDING PERMIT APPLICATION

Description of Work: *(provide details on plot plan along with existing structures on lot)* _____

Total Lot Area _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ _____

ICC Use Group: _____

ICC Construction Type: _____

ESTIMATED START DATE ____ / ____ / ____

ESTIMATED COMPLETION DATE ____ / ____ / ____

4. MUNICIPAL INFORMATION

Municipality _____ Use Permit No. _____

Permits Required:

Sewage Certificate Type: Public _____ On Lot _____ Permit No. _____

Driveway Certificate Type: Twp. _____ Penn Dot _____ Permit No. _____

Type of Water System: Public _____ Well _____ Other _____

Storm Water Management ? _____

Soil Erosion Plan ? _____ Soil Conservation Review ? _____

1. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE _____ DATE _____

Address _____ Phone No. _____

(TURN PAGE OVER)

2. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if applicable

Name of Contractor _____ Phone No _____

Chief Executive Officer _____ Phone No _____

Person in Charge of Work _____ Phone No. _____

Contractor Address _____

City _____ State _____ Zip _____

Proof of "Workman's Compensation" Insurance _____

3. SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades, use additional sheet(s) if applicable

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

7. OFFICE INFORMATION

APPLICATION FEE: \$ _____ ISSUANCE DATE _____ / _____ / _____

PERMIT FEE: \$ _____ EXPIRATION DATE _____ / _____ / _____

INSPECTION FEES \$ _____ EXTENSION DATE _____ / _____ / _____

TOTAL FEES \$ _____

APPLICATION IS: GRANTED _____ DENIED _____

SIGNATURE OF PERMIT OFFICER _____ DATE _____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.