

PA. UCC and referenced INTERNATIONAL VUILDING CODE SERIES is enforced

Application Date

Application No.

1. PROPERTY INFORMATION

Tax Map _____ Site Address _____

Parcel No. _____

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)

Estimated cost of construction: \$ _____

Estimated start date ___/___/___

Estimated completion date ___/___/___

4. 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. _____

5. 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 _____

PA State Contractor License No. _____

City _____ State _____ Zip _____

Proof of "workman's compensation" Insurance _____

6. 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.