

CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED _____

LOCATION OF PROPERTY _____

LOT & BLOCK OR PARCEL NUMBER _____

SUBDIVISION _____

MUNICIPALITY _____ COUNTY _____

OWNER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

BUILDING PERMIT

Commercial Use _____

New Construction Alteration Repair Demolition Sign

DESCRIPTION OF CONSTRUCTION _____

TOTAL SQ. FT. OF CONSTRUCTION _____ ESTIMATED COST OF CONSTRUCTION _____

ARCHITECT/ENGINEER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

BUILDER NAME _____

DBA _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISION OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENT OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

★ ★ ★ ★ FOR DEPARTMENT USE ONLY ★ ★ ★ ★

BUILDING PERMIT APPLICATION APPROVED DENIED BUILDING PERMIT FEE \$ _____

BY _____ PLAN REVIEW FEE \$ _____

DATE _____ MUNICIPAL FEE \$ _____

PERMIT NO. _____ TRAINING FEE \$ 4.50

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL _____

OVER FOR SUBCODES PERMIT