

# 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 \_\_\_\_\_

## PLUMBING PERMIT

CONTRACTOR SAME AS BUILDER    CONTRACTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

PLUMBING SYSTEM     New                       Additional                       Alterations  
 TYPE                       Public Sewer                       Private Septic  
 TYPE                       Public Water                       Private Well

DESCRIPTION OF WORK \_\_\_\_\_  
 \_\_\_\_\_

### ESTIMATED COST OF PLUMBING WORK

| NO.   | EQUIPMENT        | NO.   | EQUIPMENT                  | NO.   | EQUIPMENT          |
|-------|------------------|-------|----------------------------|-------|--------------------|
| _____ | Water Closet     | _____ | Urinal/Bidet               | _____ | Bath Tub           |
| _____ | Lavatory         | _____ | Shower                     | _____ | Floor Drain        |
| _____ | Sink             | _____ | Dishwasher                 | _____ | Drinking Fountain  |
| _____ | Washing Machine  | _____ | Hose Bibb                  | _____ | Water Heater       |
| _____ | Hot Water Boiler | _____ | Sewer Pump                 | _____ | Backflow Preventer |
| _____ | Greasetrap       | _____ | Automatic Sprinkler System |       |                    |
| _____ | Other: _____     | _____ | Other: _____               |       |                    |
| _____ | Other: _____     | _____ | Other: _____               |       |                    |

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\_\_\_\_\_  
 APPLICANT / AGENT SIGNATURE                      PRINT NAME                      DATE

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

**PLUMBING PERMIT APPLICATION**     APPROVED     DENIED

BY \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ PLUMBING PERMIT FEE \$ \_\_\_\_\_

PLAN REVIEW FEE    \$ \_\_\_\_\_

TRAINING FEE            \$ **4.50**

**TOTAL PERMIT FEE**    \$ \_\_\_\_\_

## ELECTRICAL PERMIT

CONTRACTOR SAME AS BUILDER    CONTRACTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

TYPE OF ELECTRICAL WORK     New                       Additional                       Alterations

UTILITY COMPANY \_\_\_\_\_

WORK ORDER NUMBER \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

**ESTIMATED COST OF ELECTRICAL WORK** \_\_\_\_\_

| NO.   | EQUIPMENT                      | NO.                      | SIZE         | EQUIPMENT                | NO.       | SIZE  | EQUIPMENT                    |
|-------|--------------------------------|--------------------------|--------------|--------------------------|-----------|-------|------------------------------|
| _____ | Luminaries                     | _____                    | _____        | AMP Service Panel        | _____     | _____ | KW Electric Range Receptacle |
| _____ | Receptacles                    | _____                    | _____        | AMP Sub-Panels           | _____     | _____ | KW Oven/Surface Unit         |
| _____ | Switches                       | _____                    | _____        | AMP Sub-Panels           | _____     | _____ | KW Electric Water Heater     |
| _____ | Detectors                      | _____                    | _____        | KW Dishwasher            | _____     | _____ | HP/KW Space Heater           |
| _____ | Pole Luminaries                | _____                    | _____        | HP Garbage Disposal      | _____     | _____ | KW Electric Dryer Receptacle |
| _____ | Spa/Hot Tub                    | _____                    | _____        | KW Central A/C Unit      | _____     | _____ | KW Baseboard Heat            |
| _____ | Swimming Pool                  | <input type="checkbox"/> | Above Ground | <input type="checkbox"/> | In Ground |       |                              |
| _____ | Other: Fire Alarm System _____ |                          |              |                          |           |       |                              |
| _____ | Other: Cable/Cat 5 _____       |                          |              |                          |           |       |                              |
| _____ | Other: Phone _____             |                          |              |                          |           |       |                              |

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APPLICANT / AGENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

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

**ELECTRICAL PERMIT APPLICATION**     APPROVED     DENIED

BY \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

|  |  |
|--|--|
|  | ELECTRICAL PERMIT FEE \$ _____         |
|  | PLAN REVIEW FEE    \$ _____            |
|  | TRAINING FEE            \$ <b>4.50</b> |
|  | <b>TOTAL PERMIT FEE</b> \$ _____       |

**MECHANICAL PERMIT**

CONTRACTOR SAME AS BUILDER    CONTRACTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

HEATING SYSTEM     New                       Replacement  
 FUEL                       Gas                       Oil                       Electric                       Solar  
 TYPE                       Hydronic                       Forced Air

DESCRIPTION OF WORK \_\_\_\_\_  
 \_\_\_\_\_

**ESTIMATED COST OF MECHANICAL WORK** \_\_\_\_\_

|                    |                        |                       |
|--------------------|------------------------|-----------------------|
| NO.    EQUIPMENT   | NO.    EQUIPMENT       | NO.    EQUIPMENT      |
| _____ Water Heater | _____ Fuel Oil Piping  | _____ Gas Piping      |
| _____ Steam Boiler | _____ Hot Water Boiler | _____ Hot Air Furnace |
| _____ Oil Tank     | _____ LPG Tank         | _____ Fireplace       |
| _____ Other: _____ | _____ Other: _____     |                       |

Plan Required

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

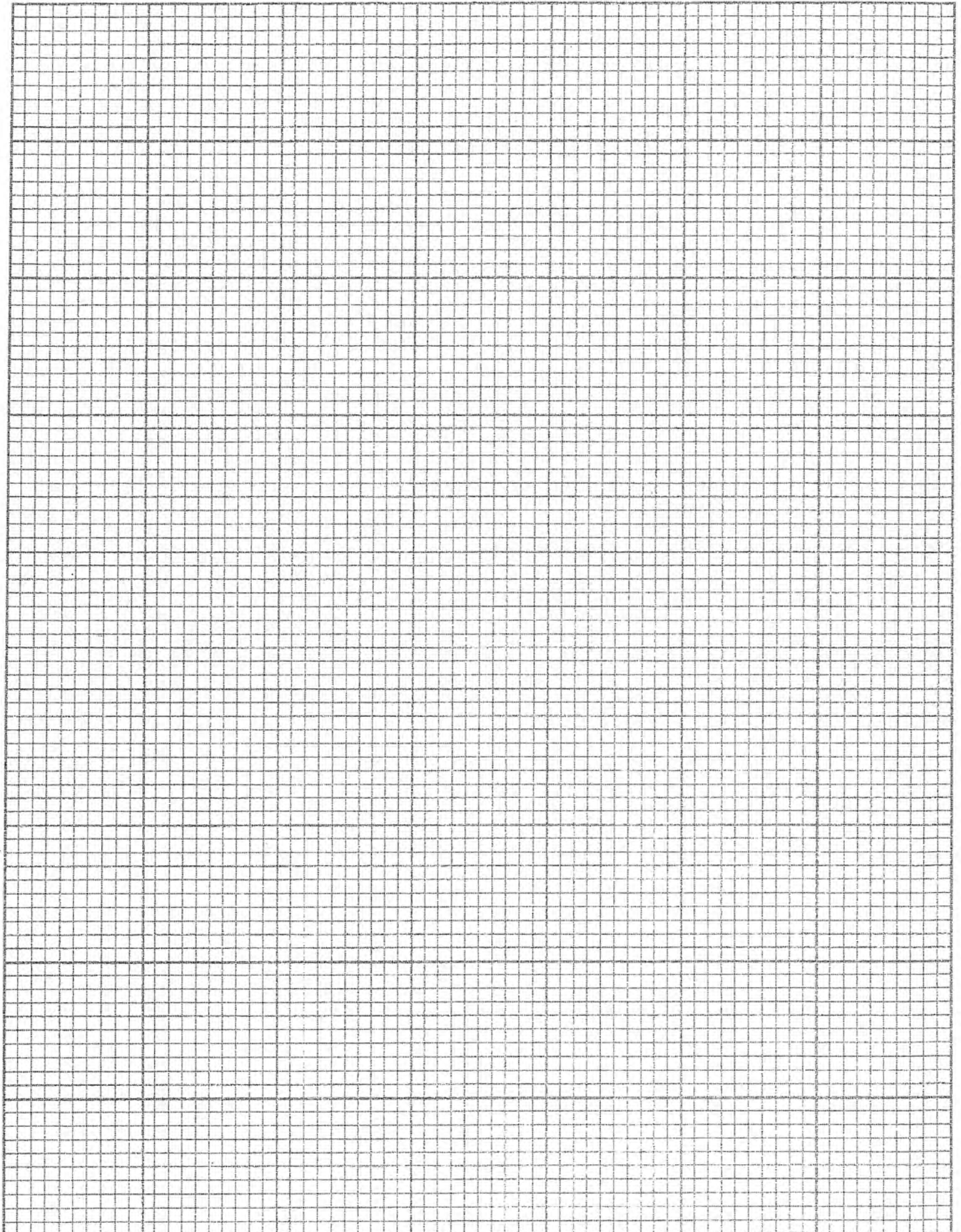
APPLICANT / AGENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

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

**MECHANICAL PERMIT APPLICATION**     APPROVED     DENIED

BY \_\_\_\_\_ DATE \_\_\_\_\_  
 PERMIT NO. \_\_\_\_\_ MECHANICAL PERMIT FEE \$ \_\_\_\_\_  
 PLAN REVIEW FEE    \$ \_\_\_\_\_  
 TRAINING FEE            \$ **4.50**  
**TOTAL PERMIT FEE**    \$ \_\_\_\_\_

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = \_\_\_\_\_ FEET

**FOR DEPARTMENTAL USE**

**ZONING PLAN EVALUATION**

ZONING DISTRICT \_\_\_\_\_ MAP NUMBER \_\_\_\_\_

LOT AREA \_\_\_\_\_ LOT COVERAGE \_\_\_\_\_ %

LOT AREA PER ROOM \_\_\_\_\_ ENCROACHMENTS \_\_\_\_\_

OFF-STREET PARKING SPACES, REQUIRED \_\_\_\_\_ PROVIDED \_\_\_\_\_

LOADING SPACE \_\_\_\_\_

SIGNS; NUMBER \_\_\_\_\_ SIZE OF EACH SIGN \_\_\_\_\_

PLANNING COMMISSION APPROVAL REQUIRED \_\_\_\_\_

BOARD OF ZONING APPEALS APPROVAL REQUIRED \_\_\_\_\_

WELLHEAD PROTECTION ZONE:  Yes  No

STORMWATER MANAGEMENT PLAN REQUEST:  Yes  No

FLOOD PLAIN:  Yes  No

HISTORIC DISTRICT:  Yes  No

**MUNICIPAL APPROVALS**

| Signature          | Date | Signature                             | Date |
|--------------------|------|---------------------------------------|------|
| Fire               |      | Health Officer                        |      |
| Public Works       |      | Water Network                         |      |
| Zoning Officer     |      | Historic & Architectural Review Board |      |
| Wastewater Network |      |                                       |      |