

# APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

PA. UCC and referenced INTERNATIONAL BUILDING 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 \_\_\_\_\_

( TURN PAGE OVER )

**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 \_\_\_\_\_

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.**