

APPLICATION FOR PLAN EXAMINATION AND ZONING PERMIT

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and V

I. LOCATION OF BUILDING	<input type="checkbox"/> Township <input type="checkbox"/> _____ Name _____ Date _____ Address _____ Lot _____ Phone _____
--------------------------------	---

II. TYPE OF IMPROVEMENT - All applicants complete, Parts A-D

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition 3 <input type="checkbox"/> Remodeling, alterations 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only 8 <input type="checkbox"/> Other – Specify on Page II	B. PROPOSED USE A <input type="checkbox"/> High hazard building B <input type="checkbox"/> Storage building C <input type="checkbox"/> Mercantile building D <input type="checkbox"/> Industrial building E <input type="checkbox"/> Business building F <input type="checkbox"/> Assemble building G <input type="checkbox"/> Garage, carport H <input type="checkbox"/> Institutional building L <input type="checkbox"/> Residential building M <input type="checkbox"/> Miscellaneous use Specify on Page II
C. OWNERSHIP 9 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 10 <input type="checkbox"/> Public (Federal, State, or local government)	
D. RESIDENTIAL 11 <input type="checkbox"/> One family 12 <input type="checkbox"/> Two or more families Enter number of units _____ 13 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units _____ 14 <input type="checkbox"/> Other – Specify on Page II	Nonresidential – Describe in detail proposed use of building _____ _____ _____ _____ _____

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E-L

E. PRINCIPAL TYPE OF FRAME 15 <input type="checkbox"/> Masonry (wall bearing) 16 <input type="checkbox"/> Wood frame 17 <input type="checkbox"/> Structural steel 18 <input type="checkbox"/> Reinforced concrete 19 <input type="checkbox"/> Other – Specify _____ _____	G. TYPE OF SEWAGE DISPOSAL 25 <input type="checkbox"/> Public or private company 26 <input type="checkbox"/> Private (septic tank, etc.)	J. DIMENSIONS 31 Number of stories..... 32 Total square feet of floor area, all floors, based on exterior dimensions Total land area, sq. ft	
	H. TYPE OF WATER SUPPLY 27 <input type="checkbox"/> Public or private company 28 <input type="checkbox"/> Private (well, cistern)		
F. PRINCIPAL TYPE OF HEATING FUEL 20 <input type="checkbox"/> Gas 21 <input type="checkbox"/> Oil 22 <input type="checkbox"/> Electricity 23 <input type="checkbox"/> Coal 24 <input type="checkbox"/> Other – Specify _____ _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 29 <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	K. RESIDENTIAL BUILDINGS ONLY 33 Number of bedrooms _____ 34 Number of bathrooms _____ Full _____ Partial _____	
		L. MISCELLANEOUS	

IV. IDENTIFICATION

	Name	Mailing address – Number, street, city, and State	ZIP code	Tel. No.
1. Owner				
2. Contractor				
3. Architect				
The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.				
Signature of applicant		Address		Application date

V. ESTIMATED COST BY APPLICANT

EST. COST BY CODE OFFICE office use only

		\$					
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER		\$					
TOTAL		\$					

DO NOT WRITE BELOW THIS LINE

VI. ADDITIONAL PERMITS REQUIRED OR OTHER CITY DEPT. APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
PA. DEPT. OF LABOR & INDUSTRY					PLUMBING				
CURB OR SIDEWALK CUT					PA. DEPT. OF HIGHWAY NO.				
DEPT. OF HEALTH					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building
 Permit number _____
 Building
 Permit issued _____
 Building
 Permit Fee \$ _____

Approved by:

_____ TITLE

VIII. ZONING PLAN EXAMINERS NOTES

CITY, TOWNSHIP OR BORO OF

ZONE

FRONT YARD

REAR YARD

SIDE YARD

SIDE YARD

TOTAL SQ. FEET

LOT COVERAGE SQ. FEET

NOTES

MUST BE APPROVED BY ZONING OFFICER

APPROVED BY

Zoning Officer _____

IX. SITE PLAN -- DIMENSION TO BE FILLED BY APPLICANT.



FRONT PROPERTY LINE

NOTE: All dimensions are to be shown neatly in ink. Kindly show in outline location of garage, outbuildings, etc., as well as location of proposed construction and driveway exits.