# APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

**PA. UCC and referenced INTERNATIONAL BUILDING CODE SERIES is enforced**

**MUNICIPALITY**_____

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 additionl 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.**