

**APPLICATION FOR CONSTRUCTION PERMIT
2006 INTERNATIONAL BUILDING CODE SERIES IS ENFORCED**

APPLICATION DATE: _____ APPLICATION NUMBER: _____

PROPERTY INFORMATION

TAX MAP: _____ SITE ADDRESS: _____

PARCEL #: _____

ZONE: AGRICULTURAL PROTECTED _____ RURAL AGRICULTURAL CONSERVATION _____
MIXED USE _____ RESIDENTIAL-1 _____ RESIDENTIAL-2 _____
RESIDENTIAL-3 _____ VILLAGE CENTER _____ HIGHWAY COMMERCIAL _____
INDUSTRIAL _____

OWNER'S INFORMATION

FIRST NAME MI LAST NAME PHONE #

STREET ADDRESS CITY STATE ZIP CODE

BUILDING PERMIT APPLICATION INFORMATION

BUILDING AREA: _____ SQ. FT. ESTIMATED MARKET VALUE @ \$100/SQ FT \$ _____

NUMBER OF STORIES: _____ DESCRIPTION: _____

PERMITS REQUIRED:

SEWAGE TYPE: PUBLIC: _____ ON LOT: _____ PERMIT #: _____

WATER SYSTEM: PUBLIC: _____ WELL: _____ OTHER: _____

DRIVEWAY CERTIFICATE: TWP: _____ PENN DOT: _____ PERMIT #: _____

STORMWATER MANAGEMENT: _____

EROSION & SEDIMENT CONTROL PLAN: _____ CONSERVATION REVIEW: _____

CERTIFICATION

I hereby certify that I am owner of record of 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/her 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 #: _____

CONTRACTOR INFORMATION

{PLEASE LIST ADDITIONAL GENERAL CONTRACTOR INFORMATION ON A SEPARATE SHEET}

NAME OF CONTRACTOR: _____ PHONE #: _____
CHIEF EXECUTIVE OFFICER: _____ PHONE #: _____
PERSON IN CHARGE OF SITE: _____ PHONE #: _____
CONTRACTOR ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
WORKERS COMPENSATION INSURANCE #: _____

SUBCONTRACTOR INFORMATION

{PLEASE LIST SUBCONTRACTORS FOR MAJOR TRADES ON SEPARATE SHEET IF NECESSARY}

CONTRACTOR	CITY	STATE	ZIP CODE	PHONE #

OFFICIAL INFORMATION

SEWER CONNECTION

FEE: \$ _____

DRIVEWAY PERMIT

FEE: \$ _____

ISSUANCE DATE: _____

PERMIT FEE: \$ _____

EXPIRATION DATE: _____

INSPECTION FEE: \$ _____

TOTAL: \$ _____

APPLICATION: GRANTED _____

DENIED _____

SIGNATURE OF PERMIT OFFICER: _____ DATE: _____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING
COMMONWEALTH CODE INSPECTION SERVICE AT (717) 846-2004 TO SCHEDULE
REQUIRED INSPECTIONS FOR YOUR PROJECT.