

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

One Family Dwelling Two Family Dwelling Commercial Use _____

New Construction Alteration Repair Demolition

DESCRIPTION OF CONSTRUCTION: _____

TOTAL SQ. FT. OF CONSTRUCTION: _____ ESTIMATED COST OF CONSTRUCTION: _____

Plan Review Required 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 PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS 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 \$ 4.00

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL: _____

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

PLUMBING PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

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 MECHANICAL 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
_____	Fuel Oil Piping	_____	Gas Piping	_____	Hot Water Boiler
_____	Steam Boiler	_____	Sewer Pump	_____	Interceptor/Separator
_____	Backflow Preventer	_____	Greasetrap	_____	Sewer Connection
_____	Water Service Connection	_____	Stacks		
_____	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 FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ <u>4.00</u>
TOTAL PERMIT FEE	\$ _____

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

ELECTRICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

CONTRACTOR SAME AS BUILDER CONTRACTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

TYPE OF ELECTRICAL WORK New Additional Repair/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	_____					
_____	Other	_____					
_____	Other	_____					

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APPLICANT/AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

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

MECHANICAL PERMIT APPLICATION APPROVED DENIED

BY: _____ DATE: _____

PERMIT NO. _____

ELECTRICAL PERMIT FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ 4. ⁰⁰ _____
TOTAL PERMIT FEE	\$ _____

MECHANICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

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 _____				

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APPLICANT/AGENT SIGNATURE _____

PRINT NAME _____

DATE _____

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MECHANICAL PERMIT APPLICATION APPROVED DENIED

BY: _____ DATE: _____

PERMIT NO. _____

MECHANICAL PERMIT FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ <u>4.00</u>
TOTAL PERMIT FEE	\$ _____