

RESIDENTIAL CONSTRUCTION PERMIT APPLICATION

ALL INFORMATION IS REQUIRED ONLY ONCE. (DON'T REPEAT ANSWERS) PLEASE FILL IN ALL SECTIONS. A LACK OF ANSWERS AND PLANS WILL DELAY YOUR PERMIT. 2 COPIES OF YOUR PLANS ARE REQUIRED. PLANS MUST SHOW ALL DETAILS OF CONSTRUCTION METHODS AND MATERIALS TO INSURE COMPLIANCE.

PERMIT NUMBER _____ DATE APPLICATION RECEIVED: _____

OWNER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____ BUILDER SAME AS OWNER

DESCRIPTION OF CONSTRUCTION: Single Family Dwelling Addition Deck Porch Demolition

Manufactured Housing Structural Alteration Above Ground Swimming Pool In Ground Swimming Pool

SQUARE FEET OF LIVING (FINISHED) SPACE: _____ SQUARE FEET OF UNFINISHED SPACE _____

TOTAL ESTIMATED COST OF CONSTRUCTION: _____

BUILDER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Applicant is responsible for obtaining required highway occupancy permits from the pa department 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: _____ MUNICIPAL FEE \$ _____

DATE: _____ PERMIT NO. _____ TRAINING FEE \$ _____

TOTAL PERMIT FEE \$ _____