

**UNIFORM CONSTRUCTION PERMIT APPLICATION**  
**LOCATION OF PROPOSED CONSTRUCTION OR IMPROVEMENT**

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Subdivision/Land Development: \_\_\_\_\_ Lot # \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

Architect: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT** (*Check One*)

- New Building  Addition  Alteration  Repair  Demolition  Relocation  
 Foundation Only  Change of Use  Plumbing  Mechanical  Electrical

Describe the proposed work: \_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION** (reasonable fair market value) \$ \_\_\_\_\_

**DESCRIPTION OF BUILDING USE** (*Check One*)

RESIDENTIAL \_\_\_\_\_

- One-Family Dwelling (R-3)  
 Two-Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: \_\_\_\_\_  
Use Group: \_\_\_\_\_  
Change in Use:  YES  NO  
If YES, Indicate Former: \_\_\_\_\_  
Maximum Occupancy Load: \_\_\_\_\_  
Maximum Live Load: \_\_\_\_\_

**BUILDING/SITE CHARACTERISTICS**

Site: \_\_\_\_\_ Existing Lot \_\_\_\_\_ Proposed Lot (Subdivision)

Terrain:  Flat  Moderate Slopes  Steep Slopes

Mechanical: Indicate Type of Heating (*i.e.*, electric, gas, oil, etc.) \_\_\_\_\_ Air Conditioning  Yes  No

Water Service: (*Check*)  Public  Private

Sewer Service: (*Check*)  Public  Private (Septic Permit # \_\_\_\_\_ )

**Does or will your building contain any of the following:**

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Type Vent \_\_\_\_\_

Elevator/Escalators/Lifts/Moving walks: (*Check*)  YES  NO

Sprinkler System:  YES  NO

Pressure Vessels:  YES  NO

Refrigeration Systems:  YES  NO

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.  
Proposed Building Area: \_\_\_\_\_ sq. ft.  
Total Building Area: \_\_\_\_\_ sq. ft.  
(Include all floors & garage)

Number Of Stories: \_\_\_\_\_  
Height of Structure Above Grade: \_\_\_\_\_ ft.  
Area of the Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN**

Is the site located within an identified flood hazard area? (Check One)  YES  NO  
Will any portion of the flood hazard area be developed? (Check One)  YES  NO  N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*      Lowest Floor Level: \_\_\_\_\_

**HISTORIC DISTRICT**

Is the site located within a Historic District?  YES  NO

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved permit required by the Borough. The property owner/applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the of the Borough or Regulatory Agencies. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the design professional or contractor employed in connection with the proposed work.

**I certify that the Building Code Official or the Construction Code Official or their Authorized Representatives shall have the authority to enter areas covered by this permit at any reasonable or mutually agreed time to enforce the provisions of the code(s) applicable to this permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(FOR CODE ADMINISTRATOR USE ONLY)

**ADDITIONAL PERMITS/APPROVALS REQUIRED**

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> CUT AND FILL	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> HARB	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

**APPROVALS**

BUILDING PERMIT DENIED: Date _____ Date Returned _____		
BUILDING PERMIT APPROVED: Date _____		
CODE ADMINISTRATOR _____		
Date Issued _____	Date Expires _____	PERMIT # _____
BUILDING PERMIT FEE	\$ _____	RECEIPT # _____
PLUMBING PERMIT (if appl.)	_____	RECEIPT # _____
MECHANICAL PERMIT (if appl.)	_____	RECEIPT # _____
ELECTRICAL PERMIT (if appl.)	_____	RECEIPT # _____

**PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Flood Hazard Area Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

DATE STAMP: