



**APPLICATION for ZONING and BUILDING PERMIT**

**APPLICATION INSTRUCTIONS:** *All applicants complete parts 1-5 of this form. For plumbing work, complete parts 6 and 7. For mechanical work, complete parts 8 and 9. Electrical work, complete parts 10 and 11. For zoning complete part 12. For pools complete 12 thru 15. All other permits include additional information. Attach two copies of building construction plans, site plan and erosion & sediment control as required.*

Application Date:	Type of Permit: (Circle all that apply) Building    Electrical    Mechanical    Plumbing    Site Work    Other	Is owner the applicant? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
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**1. Property Information**

Street Address	Apt.	Zip	Parcel Number 50-	Zoning District
Subdivision		Lot Number	Parcel Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (List):	

**2. Owner Information**

Last Name:	First Name:	Phone:
Street:	City, State, Zip:	
Cell Phone	Fax Number	Email:

**3. Contractor Information**

Last Name:	First Name:	Email:
Street:	City, State, Zip:                  Reg.#	
Phone:	Cell Phone:	Fax:

**4. Building Permit Application**

<b>Improvement Type:</b> <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use Only <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Site Work	<b>Use Groups:</b> <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> Garage/ Utility <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Other (List):
Height Above Grade (feet)	Fireplaces (number)
Stories (number)	Deck (dimensions)
Bedrooms (number)	Pool (dimensions)
Full Baths (number)	Gross SQ Footage
Partial Baths (number)	<input type="checkbox"/> Other (List a brief description of project):
Garages (dimensions)	

**Building Improvements Estimated Value \$ \_\_\_\_\_**

**5. CERTIFICATON**

I hereby certify that I am the owner 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 an authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit per Pennsylvania Uniform Construction Code, Act 45 of 2004.

Signature of Owner (Required)	Print Name	Date
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<b>OFFICE USE ONLY:</b>	
Signature of Zoning Official	Date _____
Signature of Code Official	Date _____

### 6. Plumbing Contractor Information

Last Name:	First Name:	Phone:
Street:	City, State, Zip:	
Cell Phone:	Fax #:	Reg.#

### 7. Plumbing Permit Application - Enter the number of fixtures being installed, submit specs for pump/ejectors:

#	#	#	#
Tubs/showers	Bidets	Sewage Ejectors	Sewers
Shower Stalls	Drinking Fountains	Dishwashers	Gas Piping
Lavatories	Floor Drains	Grease Traps	Laundry Tubs
Toilets	Water Heaters	Back Flow Preventers	Sump Pumps
Urinals	Water Softeners	Water Pumps	Lawn Irrigation (# of heads)
Sinks	Other:		
Public Water <input type="checkbox"/> YES or <input type="checkbox"/> NO		Public Sewer <input type="checkbox"/> YES or <input type="checkbox"/> NO	
Water Service Size Inches		Water Meter Size Inches	
Total # of fixtures:			
Utility Service Revisions:			
Est. Start Date:		Est. Finish Date:	<b>Plumbing Work Est. Value\$</b>

### 8. Mechanical Contractor Information

Last Name:	First Name:	Phone:
Street	City, State, Zip:	
Cell Phone:	Fax Number :	Reg.#

### 9. Mechanical Permit Application - Enter the number of new or replacement units – Submit Specifications:

#	#	#
Forced Air Furnace	Incinerator	Air Handling Unit
Unit Heater	Boiler	Heat Pump
Gas/Oil Conversion	Wall HVAC Unit	Water Heater
Fire Place	Split System A/C	Appliances
Solid Fuel Appliance	A/C Compressor	Hydronic System – Hot Water
Utility Service Revisions:		
Type of Heating Fuel: (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other		
Est. Start Date:		Est. Finish Date:
		<b>Mechanical Work Est. Value\$</b>

### 10. Electrical Contractor Information

Last Name:	First Name:	Phone:
Street	City, State, Zip:	
Cell Phone:	Fax Number :	Reg.#

### 11. Electrical Permit Application - Enter the number of fixtures being installed,

Type of Work	#	Type of Work	#
Switching Outlets		Bonding	
Lighting Outlets		Service Feeders	
Receptacle Outlets		HVAC	
Range/Oven		Switching Devices	
Dryer, Electric		Transformers	
Water Heater, Electric		Smoke Detectors	
Heating, Electric		<b>Electrical Work Estimated Value \$</b>	
Service Panel Size			

12. **ZONING SPECIFICATION INFORMATION REQUIRED:**

**Please complete the following applicable information**

12a. Accessory **Residential Structures**: fences, sheds, garden structures, play structures, patios, paving and/or curb. Include on your plans the area (square feet) of all new buildings and impervious surfaces.

PERMIT TYPE	Height	Style	Dimensions or Length
Curb			
Fence (SEC 13)			
Patio			
Paving			
Pool			
Shed			
Other			

12b. Provide the area (in square feet) of all existing and proposed buildings/additions and any other existing or proposed impervious surface. These should be specified for each building or impervious surface on your site plan and summarized below. **ALL LINES MUST BE COMPLETED. ENTER ZERO IF APPLICABLE,**

		Area in Square Feet
1	Lot Area (from Record Plan or deed)	
2	Existing Building Coverage (house, garage, shed, etc.)	
3	Proposed New Building Coverage (additions, new buildings, sheds, etc)	
4	Total Proposed Building Coverage	Line 2 + Line 3
5	Existing Impervious Surfaces (driveways, patios, concrete pads, etc.)	
6	Proposed New Impervious Surfaces (driveways, patios, concrete pads, etc.)	
7	Impervious Surfaces to be Removed	
8	Total Proposed Impervious Surfaces	Line 4+Line 5+Line 6-Line 7

1. Pool Specifications (Initial to comply with the following):

\_\_\_\_\_ (In-ground Pools) A five (5)- foot setback from a property line is required for the pool, coping, decks, and any grading. A seven (7)- foot setback is required for the pool equipment.

\_\_\_\_\_ (Above Ground Pools) A seven (7)- foot setback is required from the edge of the pool and equipment. Grading setback is five (5) feet.

\_\_\_\_\_ During construction, and upon completion and filling a pool, a four (4) foot approved fence must be in place with self-closing, self-latching gates and doors.

**13a. Specify:**  
 Pool Heater Type (**Enclose manufacturer’s specifications for heater**):  
 None     Gas     Electric    Model No./Size (specify): \_\_\_\_\_  
 Diving or     Non-Diving    Fence Height: \_\_\_\_\_ Fence Style: \_\_\_\_\_  
 Fence Contractor: \_\_\_\_\_ Reg# \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**13b. SPECIAL POOL INSTRUCTIONS:** Reference the Pool Permit Requirements handout and attach the following information:

- (2) Site plans (Signed and Sealed) – showing pool elevation & grading.
- For an Above Ground Pool – Two (2) sets of installation specs. For an in-ground pool – two (2) sets of signed and sealed plans of construction and installation, by a design professional
- Heater, filter & motor specifications
- Specify type of ladder and/ or stairs
- (2) Erosion & Sediment Control site plan is required.
- Fence – Specifications & Details