Application For Building Permit Date _____ Applicant Name:____ **Location of Proposed Work or Improvement** County:____ Municipality: _____ Site Address: Tax Parcel#_____ Subdivision/Land Development: _____ **Property Owner Information** Name:______ Phone #_____ Fax #_____ Mailing Address: Type of Work or Improvement (Check One) ☐ New Building ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition ☐ Relocation Mobile Home Change of Use Plumbing Mechanical Electrical ☐ Other Describe the proposed work: _____ Estimated Cost of Construction (reasonable fair market value) **Description of Building Use**(Check One) Residential Non-Residential Specific Use: One-Family Dwelling (R-3) Use Group: _____ ☐ Two-Family Dwelling (R-3) Change in Use: ☐ YES ☐ NO Other: If YES, IndicateFormer:_____ Max Occupancy Load:_____ Max Live Load: **Building/Site Characteristics:** Number of Stories: Existing Building Area_____sq. ft. Height Above Grade: _____ ft. Proposed Building Area: _____ sq. ft. Building Foundation Area: sq. ft. Total Building Area: ______ sq. ft. Water Service: ☐ Public ☐ Private Sewer Service: ☐ Public ☐ Private (Septic Permit # ______) Will your construction disturb more than or equal to 1 Acre of soil? Yes ☐ No ☐ NPDES Permit # Road Occupancy or Driveway Permit Date _____

Application For Building Permit

(Cont.)

Williams Inspection Service 1545 Troy-Hawk Run Hwy Suite 2 Philipsburg, PA 16866

Date	Ar	oplicant Name:	
Reqired Documents (check off docum	ents included)	
Site Plan/Site Drawings: (Dimenions of lot, Existing Buildings, Distance between buildins, Proposed buildings Setbacks, Location of Driveway, Roads, Water service, Septic service, Electric Service)			
Foundation Plans: (Depth below grade, Size of Footer, Type of Footing, Size of Foundation, Type of Foundation			
Construction Drawings:(F	Floor Plans, Details	of Wall sections, Electri	cal, Mechanical, Plumbing)
Required letters: "will ser	ve" letters from utilit	y companies, county co	onservation, and county planning.
Workers Comp. Affidavit			
☐ Completed Zoning Applic	<u>cation</u>		
PA-One-Call Serial Number Assigned			Date
			1 Acre of soil)Yes 🔲 No 🔲
	Ce	ertification	
that I have been authorized by the capplicable laws of this jurisdiction. I	owner to make this a In addition, if a perm shall have the author	application as his/her au hit for work described in rity to enter areas cover	I work is authorized by the owner of record and athorized agent and I agree to conform to all this application is issued, I certify that the code red by such permit at any reasonable hour to
Owner/Applicant (please print)	0	wner/Applicant (Signature)	Date
Directions to site:			
	Williams 1545 Troy-	completed applicat Inspection Service Hawk Run Hwy Suit Isburg, PA 16866	
Department Use Only			
Application Fee \$	Date	Initials	
Application Recieved on Date			
Permit #			
Zoning Permit #			