Permit Application

Number _____

Customer Number if known | | | | | | |

MDIA Office _____

Location of Proposed Work or Improvement

Municipality* _____ County* _____

Site Address* _____ Tax Parcel # _____

City _____ State _____ Zip code _____

Lot # _____ Subdivision/Land Development _____ Phase _____ Section _____

Owner* _____ Phone #* _____ Fax # _____

Mailing Address* _____ **E-Mail*** _____

City _____ State _____ Zip code _____

Principal Contractor* _____ Phone #* _____ Fax # _____

Mailing Address* _____ **E-Mail*** _____

City _____ State _____ Zip code _____

Design Professional/Architect* _____ Phone # _____ Fax # _____

Mailing Address _____ **E-Mail*** _____

City _____ **State*** _____ Zip code _____

Type of Work or Improvement* *(Select all that apply)*

☐ New Building ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition ☐ Relocation ☐ Energy

☐ Foundation Only ☐ Change of Use ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Fire Protection

Describe the proposed work

Estimated Cost of Construction* ***(reasonable fair market value. Must be entered.)***

a. Structural Cost $ _____

Installation(s) not included in above cost

b. Electrical $ _____

c. Plumbing $ _____

d. Heating, Air Conditioning $ _____

e. Other _____ $ _____

Total Cost of Project (a+b+c+d+e) $ _____

Description of Building Use *(Select One)*

Residential

- ☐ One-Family Dwelling (R-3)
- ☐ Two-Family Dwelling (R-2)
- ☐ Multi-Family (R-2)
- ☐ Hotels (R-1)

Non-Residential

Specific Use: _____

Use Group: _____

Change in Use: ☐ Yes ☐ No

If YES, Indicate Former: _____

Maximum Occupancy Load: _____

Maximum Live Load: _____

Building/Site Characteristics

Number of Residential Dwelling Units: _____ Existing _____ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning *(i.e., electric, gas, oil, etc.)* _____

Water Service: *(Select)* ☐ Yes ☐ No

Sewer Service: *(Select)* ☐ Yes ☐ No Septic Permit # _____

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____

Elevator/Escalators/Lifts/Moving walks: *(Select)* ☐ Yes ☐ No

Sprinkler System: ☐ Yes ☐ No

Pressure Vessels: ☐ Yes ☐ No

Refrigeration Systems: ☐ Yes ☐ No

BUILDING DIMENSIONS

Existing Building Area: _____ sq.ft. Number of Stories: _____

Proposed Building Area: _____ sq.ft. Height of Structure Above Grade: _____ ft.

Total Building Area: _____ sq.ft. Area of Largest Floor: _____ sq.ft.

FLOODPLAIN

Is the site located within an identified flood prone area? *(Select One)* ☐ Yes ☐ No

Will any portion of the flood prone area be developed? *(Select One)* ☐ Yes ☐ No ☐ N/A

Owner/Agent shall verify that any proposed construction 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 (d).*

HISTORIC DISTRICT

Is the site located within a Historic District? ☐ Yes ☐ No

If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.

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 building code requirements adopted by the Municipality. The property owner and 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 Municipality or any other governing body. 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 *registered design professional* employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent*	**Print Name of Owner or Authorized Agent***
Address*	**Date***
Designated Municipal Official	Date*

Directions to Site:

* Indicates required field.