

LTL CONSULTANTS, LTD.
610-987-9290 / Toll Free 888-987-8886

ZONING/UNIFORM CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

(any address should include street, city, state & zip code)

County: _____ **Municipality:** _____

Site Address: _____

Tax Parcel #: _____ Lot Size: _____ Lot #: _____
Subdivision / Land Development Name: _____

Owner/Applicant Name: _____ **Phone #:** _____

Mailing Address: _____

Fax #: _____ E-Mail: _____

Principal Contractor: _____ **Phone #:** _____

Mailing Address: _____

Fax #: _____ E-Mail: _____

PA Contractor Registration #: _____

Architect: _____ **Phone #:** _____

Mailing Address: _____

Fax #: _____ E-Mail: _____

TYPE OF WORK OR IMPROVEMENT

- | | | | | | | |
|--|--|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Change of Use | | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Other |

Describe the proposed work _____

ESTIMATED COST OF CONSTRUCTION (*Reasonable fair market value*) \$ _____

DESCRIPTION OF BUILDING USE (*Check One*)

RESIDENTIAL OR ACCESSORY THERETO

- 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: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed

- Water Service: (*Check One*) Public (Copy of Authority approval)
 Private (County Permit Approval if required)
- Sewer Service: (*Check One*) Public (Copy of Authority approval)
 Private (Septic Permit # _____)

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 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

If construction is proposed 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, PA Act 45 of 1999 (Uniform Construction Code), Act 247 of 1968 as amended (Municipalities Planning 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 or 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 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

Directions to Site _____

Approved by: _____

Permit #'s _____

REFER TO CHECKLIST TO DETERMINE ADDITIONAL APPLICATION REQUIREMENTS