Jacobus Borough

APPLICATION FOR ZONING/BUILDING PERMIT OR USE & OCCUPANCY

(Phone) 717-846-2004 Ext. 104 Please leave a detailed message for a return call

All applicable information must be filled out or the application may be denied.

LOCATION OF PROJECT

Site Address: _____ **City**_____ **State**_____

Tax Parcel Number: _____

Property Owner(s): _____

Owners Address if different than site: _____

Owners Phone #: _____ **Owners Email:** _____

CONTRACTORS INFORMATION

NOTE: ALL Contractors or persons working in Jacobus Borough are required to have the appropriate license(s)

General Contractor: _____ **Phone:** _____ **License** _____

Contact Person _____ **Phone:** _____ **License** _____

Plumber: _____ **Phone:** _____ **License** _____

Electrician: _____ **Phone:** _____ **License** _____

HVAC: _____ **Phone:** _____ **License** _____

Additional Specialty: _____

DESCRIPTION

Check all that apply:

___ Fence less than 6', not for pools*

___ Alteration*

___ Repair, replacement*

___ Patio or sidewalk*

___ Deck under 30 inches*

___ Accessory building under 1000 square feet*

___ Agriculture building*

___ Windows/Siding/Gutters*

___ Roof Replacement *

___ Other *

*Must meet the exemption requirements of PA Act 45 UCC, or a building permit application is required

USE PROPOSED

Residential

Change of Use Created: ☐ YES ☐ NO

___ Attached ___ Detached

___ One-Family Dwelling

___ Two-Family Dwelling

___ Multi-Family - # of Units = _____

___ Accessory Building

___ Other _____

_____

NON-Residential

Change of Use Created: ☐ YES ☐ NO

___ Industrial

___ Commercial

___ Service Station, Repair Garage

___ Hospital, Institutional

___ Office, Professional

___ Transient Hotel, Motel, Dormitory

# of Transient Units = _____

___ Other_____

MUST BE FILLED OUT:

ESTIMATED COST OF IMPROVEMENT: $_____ **OWNERSHIP: Private** _____ **Public** _____

Describe your project in detail: (must be complete)

Jacobus Borough

APPLICATION FOR ZONING/BUILDING PERMIT

The owner of this property and the undersigned agree to conform to all State, federal, and Local Laws and Ordinances of Jacobus Borough and that by signing this application further states that any misrepresentation of the facts set forth on this application will result in criminal and civil penalties as set forth in the PA Crimes Code Title 18, Sections 4903 and 4904 dealing with false statements. I also certify that the proposed work is authorized by the property owner of record and that I have been authorized by the owner to make this application as their authorized agent.

I understand permits may be returned by the County or other State and Local agencies and it is my responsibility to obtain any required permits prior to the start of construction. I understand that this application is for Zoning Related work only, and any work requiring inspections or fall under UCC requirements will not be performed under this application.

Signature of applicant/representative: _____ Date:_____

Print Name of Owner: _____

Print Name of Representative: _____ Title: _____

Must Include:

PLOT PLAN

- Property Lines
- Existing Structure(s) On Property
- (If applicable) Location of Septic System
- Location Of Proposed Structure(s)
- Distance Labeled from Property Lines to Proposed Structure(s)
- Dimensions Of Proposed Structure(s) **AND** Existing Structure(s)
- If Structure is a fence, Height must be labeled.
- Stormwater Management Plan (if applicable).

Any Missing Information May Result in the Return of the Application