BOROUGH OF PUNXSUTAWNEY

CODE ENFORCEMENT OFFICE

APPLICATION FOR PERMIT

PERMIT NO. _____

IMPORTANT - Applicant to complete all items in section: I, II, III & IV

I. LOCATION	Number & Street	Tax Plot No.
Type of Permit	BUILDING ☐ DEMOLITION ☐ SIGN ☐ MOBILE HOME ☐ OTHER ☐	

II. TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT

- ☐ New Building
- ☐ Addition
- ☐ Repair, Replacement, Remodeling
- ☐ Demolition
- ☐ Moving of Building
- ☐ Swimming Pool

PROPOSED USE – For "Wrecking" most recent use

Residential

- ☐ One Family
- ☐ Two or more family – Enter Number of units _____
- ☐ Transient hotel, motel, Or dormitory – Enter number Of units_____
- ☐ Garage
- ☐ Carport
- ☐ Other – Specify_____

_____

_____

_____

Nonresidential

- ☐ Amusement, Recreational
- ☐ Church, other religious
- ☐ Industrial
- ☐ Parking garage
- ☐ Service station, repair garage
- ☐ Hospital, institutional
- ☐ Office, bank, professional
- ☐ Public utility
- ☐ School, library, other educational
- ☐ Stores, mercantile
- ☐ Tanks, towers
- ☐ Other – Specify_____

_____

Total Cost (for all improvement or construction to be covered by this permit).

$_____

IMPORTANT: All applicants must submit a brief description of the proposed work. For new buildings and additions the applicant must also submit a plot diagram drawn to scale showing the proposed work, all existing structures on the site, and the distances of each from the lot lines. A copy of the construction plans and specifications must be submitted for approval.

The Code Enforcement Officer may require additional information. If you have any quesitons regarding this application, please contact the Code Enforcement Office at (814) 938-4480.

III. PROPOSED WORK - Describe Job and Materials to be used.

IV. IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS			
	Name	Mailing Address - Number, Street, City and State	Phone No.
1 Owner			
2 Contractor			
3. Architect or Engineer			

I hereby certify 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 his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use only							
Plans Review Required	Check	Date Plans Submitted	Date Plans Started	By	Date Plans Approved	By	Notes
Building							
Plumbing							
Mechanical							
Electrical							
Other							

Plans approved by Penna. Dept. of Labor and Industry

File No. _____ 20 _____

Remarks

VII. VALIDATION	ZONING PLAN APPROVAL	
Permit Number_____	District	Flood Plan District
	Use	
Permit Issued _____ 20____	Front Yard	
	Side Yard	Side Yard
Permit Fee $_____	Rear Yard	
Approved by:	Notes	
Code Enforcement Officer	Zoning Officer	