BUILDING / ZONING PERMIT APPLICATION

APPLICANT

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE/CELL: _____ ALTERNATE PHONE: _____

OWNER (if same as applicant check ☐)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE/CELL: _____ ALTERNATE PHONE: _____

CONTRACTOR (if same as applicant check ☐)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE/CELL: _____ ALTERNATE PHONE: _____

LOCATION

PROPERTY ADDRESS: _____

ZONING DISTRICT: _____ TAX MAP # _____

PROJECT DETAILS

RESIDENTIAL
- ☐ NEW HOUSE
- ☐ ADDITION
- ☐ REMODELING
- ☐ GARAGE
- ☐ PORCH, PATIO, DECK
- ☐ SWIMMING POOL
- ☐ SHED OR STORAGE
- ☐ FENCE (must include plot plan)
- ☐ ROOF

COMMERCIAL
- ☐ BUILDING
- ☐ ADDITION
- ☐ REMODELING

INDUSTRIAL
- ☐ BUILDING
- ☐ ADDITION
- ☐ REMODELING

OTHER
- ☐ SIGN
- ☐ DEMOLITION
- ☐ MOBILE HOME
- ☐ USE CHANGE
- ☐ MISC. (describe):_____

SQUARE FOOTAGE OF PROPOSED STRUCTURE:_____ft²

TOTAL COST OF IMPROVEMENT: $_____

DESCRIPTION OF WORK: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- ☐ Plot Plan (must match building plans for proposed structure)
- ☐ Two complete sets of building plans
- ☐ Copy of Deed for property
- ☐ Copy of Workers Compensation Insurance (if applicable)
- ☐ PA ONE CALL serial # _____ (dial 811)

APPLICATIONS WILL NOT BE ACCEPTED UNTIL ALL INFORMATION IS RECEIVED

FEES TO BE PAID WHEN PERMIT IS ISSUED

INSPECTIONS

Please contact Building Inspector Mike Stack at 724-493-7793 or penninspector1@yahoo.com

We require a 24-HR notice on all inspections

No weekend inspections

STATEMENT OF APPLICANT: I do hereby agree to observe and adhere to any and all provisions of the Zoning Ordinance and Building Code of the Borough of New Stanton, Pennsylvania, where applicable under the issuance of this Building or Zoning Permit. And I do further agree that my failure to do so shall constitute a violation of this Permit, which Violation shall cause this Permit to become Null and Void, upon receipt of notification to that effect, in writing, from the Code Enforcement Officer or other Duly Authorized Agent of the Borough of New Stanton, Pennsylvania.

_____ _____ _____

Signature Owner/Agent of Owner Date

TO BE COMPLETED BY BOROUGH:

PERMIT #: _____

APPLICATION RECEIVED: _____ APPROVED / DENIED: _____

Date

FEE: $_____ PAYMENT RECEIVED: _____

Date

ISSUED BY: _____ _____

Signature of Zoning Officer Date