ZONING & UCC PERMIT APPLICATION

BOROUGH OF MACUNGIE
21 LOCUST STREET
MACUNGIE, PA 18062
Phone: 610-966-2503
Emaill: zoning@macungie.pa.us

****OFFICE USE ONLY****
DATE RECEIVED: _____
PERMIT NUMBER: _____
ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

Plot Plan and drawings must accompany this application (3 SETS)

A: PROPERTY INFORMATION

Is this property in the flood plain? Y N IF YES, WHAT IS THE MARKET VALUE OF THE PROPERTY? _____

ST NUMBER: _____ STREET: _____ APARTMENT / UNIT NO: _____

CITY: _____ STATE: _____ ZIP: _____ ZONING DISTRICT: _____

LOT SIZE SQ. FT. _____ SUBDIVISION: _____ BUSINESS NAME: _____

B: APPLICANT INFORMATION

SEE APPLICANT CERTIFICATION ON REVERSE SIDE (G:)

NOTE: THE APPLICANT WILL BE THE POINT OF CONTACT FOR ALL COMMUNICATION

APPLICANT IS: ☐ OWNER ☐ CONTRACTOR ☐ OTHER EXPLAIN: _____

NAME: _____ E-MAIL: _____ **PHONE:** _____

ST NUMBER: _____ STREET: _____ FAX: _____

SUITE/APT: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE:** _____ **REQUIRED ON ALL APPLICATIONS

C: OWNER INFORMATION

☐ CHECK HERE IF SAME AS APPLICANT — IF SAME AS APPLICANT SKIP SECTION C.

NAME: _____ E-MAIL: _____ PHONE: _____

ST NUMBER: _____ STREET: _____ FAX: _____

SUITE/APT: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE:** _____ **REQUIRED ON ALL APPLICATIONS

D: CONTRACTOR INFORMATION

☐ CHECK HERE IF SAME AS APPLICANT — IF SAME AS APPLICANT SKIP SECTION D.

NAME: _____ E-MAIL: _____ **PHONE:** _____

ST NUMBER: _____ STREET: _____

SUITE/APT: _____ CITY: _____ STATE: _____ ZIP: _____

E: PROJECT INFORMATION

COST

COST OF IMPROVEMENT $ _____

To be installed but not included in above cost

Electrical $ _____
Plumbing $ _____
HVAC $ _____
Other (elevator etc.) $ _____

TOTAL COST $ _____

TYPE OF IMPROVEMENT

- ☐ NEW BUILDING
- ☐ ADDITION
- ☐ ALTERATION ☐ INTERIOR ☐ EXTERIOR
- ☐ REPAIR
- ☐ DRIVEWAY
- ☐ SIDEWALK
- ☐ DECK
- ☐ POOL ☐ INGROUND ☐ ABOVE GROUND
- ☐ SIGN

PROPOSED USE

RESIDENTIAL	NON RESIDENTIAL
☐ SINGLE FAMILY	☐ RETAIL
☐ MULTI FAMILY No. of Units ____	☐ OFFICE No. of Units ____
☐ TRANSIENT No. of Units ____	☐ INDUSTRIAL
☐ ACCESSORY	☐ CHANGE OF USE
☐ OTHER _____	☐ OTHER _____

E: PERMITS APPLIED FOR

TYPE:	CHECK ALL THAT APPLY	QUANTITY	BOROUGH FEE	BOROUGH FEE PD.	INSPECTION FEE	INSPECTION FEE PD.	TOTAL FEES PAID	ADDENDUM ATTACHED
ZONING	☐		$.	$.	$.	$.	$.	Y N
BUILDING	☐		$.	$.	$.	$.	$.	Y N
ELECTRICAL	☐	No. of Devices ____	$.	$.	$.	$.	$.	Y N
PLUMBING	☐	No. of Fixtures ____	$.	$.	$.	$.	$.	Y N
MECHANICAL	☐	No. of Appliances ____	$.	$.	$.	$.	$.	Y N
DEMOLITION	☐		$.	$.	$.	$.	$.	Y N
		TOTALS	$	.		$.	$.	

(OVER)

F: ELECTRIC SERVICE INFORMATION

☐ RESIDENTIAL ☐ NON-RESIDENTIAL ☐ NEW SERVICE ☐ UPGRADE EXISTING ☐ OTHER _____

☐ PPL ☐ UGI ☐ OTHER _____ WORK PERMIT NO._____

METER NO.:_____ PHASE: _____ VOLTAGE: _____ AMPS: _____

☐ OVERHEAD

☐ UNDERGROUND

G: APPLICANTS CERTIFICATION

As the owner or the authorized agent of the project for which application is filed, I hereby certify that:

1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.
2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the Building Code Official.
4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
5. Any changes to the approved documents shall be filed with the building code official.
6. If the licensed architect or engineer responsible for this construction should change, written notice of the change shall be provided to the Building Code Official.
7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements.
8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters

APPLICANT SIGNATURE: _____ DATE: _____

(3) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL APPLICATIONS

ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF THE APPLICATION

H: DESCRIPTION OF WORK

I: PROJECT DATA

Use Group: Construction Type: Code Edition: Fire Sprinkler: ☐ ☐

OFFICE USE ONLY

DEPARTMENT	APPROVED	DENIED	N/A	DATE
ZONING				
BCO				
ENGINEER				
MANAGER				

INITIAL THE APPROPRIATE BLOCKS

J: PERMIT INFORMATION

****OFFICE USE ONLY****

ISSUED BY: _____

SIGNATURE: _____

ISSUE DATE: _____ EXP. DATE: _____