Land use

BERLIN BOROUGH BUILDING PERMIT CHECKLIST

NOTE TO APPLICANT: Items on this checklist shall be completed prior to your submission of an application for a building permit. Failure to complete any applicable item on this checklist shall be sufficient grounds for denial of the building permit application. Please contact Berlin Borough or the local Commonwealth Code Inspection Service, Inc. office if you have any questions about the process for obtaining a building permit.

Municipality: Borough of Berlin, County of Somerset

Tax Map Location _____

Work Site Address _____

Contact Person _____

Address _____

Telephone Day: _____ **Cell:** _____ **Evening:** _____ **Email:** _____
Type of Construction _____
Estimated start date _____ **Estimated date of completion** _____
Estimated value of construction _____ **New** _____ **Addition/repairs** _____
Number of Additional Bedrooms _____

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge. Furthermore, I confirm that I have received copier of the applicable Berlin Borough Ordinances.

Applicant's signature _____ **Date** _____

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

___Sewage facilities planning module, DEP Planning Code # _____, Date of approval _____
___Subdivision & Land Development, Municipal agreement # _____, Date of approval _____
___Storm water management plan. Approved by: _____, Date of approval _____
___ Conservation District notification per Chapter 102. Date of approval _____
___Driveway Permit, Penn DOT # _____ or Local # _____ Date of approval _____
___Public water tap request submitted to Municipal Authority Date of approval _____
___Public sewer tap request submitted to Municipal Authority Date of approval _____
___ Other; sluce pipe, road alteration, etc. ____ Check here for Special conditions. Date of approval _____
___ Municipal setback clearances, ____ Check here for Special conditions. Date of approval _____
___ Extra Pages attached to describe special conditions or circumstance. There are _____ extra pages.

_____ _____ *{SEAL}*
Municipal Official's Signature & Title *Date*

Please provide a drawing of your property to include:

- Streets (the clear site triangle ordinance may apply here if you are building near any streets)
- New construction
- Current buildings
- Set Backs – 5 feet from property line & 10 feet from the street right of way (the office staff can give you the footage on this)

Drawing: