

CENTRE REGION CODE ADMINISTRATION
 2643 Gateway Drive, Suite #2
 State College, PA 16801
 Telephone: 814-231-3056
 Fax: 814-231-3088
 centreregioncode.org

Building Permit No.
 Zoning Permit No.
 Worker's Comp. Ins. No.

ADDRESS:

APPLICATION FOR BUILDING PERMIT

APPLICATION REQUIREMENTS: Documents to be submitted with an application for –

NEW SINGLE FAMILY BUILDINGS – Zoning, Water and Sewer Permits and **Two** Sets of Plans
 NEW COMMERCIAL BUILDINGS – Zoning, Water and Sewer Permits, **Two** Sets of Plans
 BUILDING ADDITIONS – Zoning Permit, **Two** Sets of Plans and May Need Water and/or Sewer Permits
 OTHER WORK – **Two** Sets of Plans and May Need Zoning, Water and Sewer Permits

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Municipality _____
 Tax Parcel No. _____
 Number and Street _____
 Rural Directions _____

TYPE AND COST OF WORK OR IMPROVEMENT

<p>Type of Improvement</p> <p>1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition 3 <input type="checkbox"/> Alteration 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Demolition 6 <input type="checkbox"/> Electrical (only) 7 <input type="checkbox"/> Sprinkler System (only)</p>	<p>Describe Work:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Will this be used as a rental? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Declared Cost (Omit cents)</p> <p>\$ _____</p>	<p>Dimensions</p> <p>Height in feet _____</p> <p>Number of stories _____</p> <p>Total square feet of all floor areas (inc. garage & basement) based on exterior dimensions _____</p>	<p>Type of sewage disposal</p> <p><input type="checkbox"/> Public or private company <input type="checkbox"/> Private (septic tank, etc.)</p> <p>Type of water supply</p> <p><input type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern)</p>
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IDENTIFICATION

	Name	Mailing address - number, street, city, and state	Phone no.
1. Owner			
2. Contractor			
3. Architect			

AFFIDAVIT

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and this jurisdiction.

Signature of owner or authorized agent	Address	Application date
Print Name	E-mail	

SITE PLAN – DIMENSION TO BE FILLED IN BY APPLICANT.

ZONING PLAN EXAMINER'S NOTES

Zone	Lot Square Footage			Percent Coverage	Permit No.
Set Backs	Required	Provided	Front (place √)	Number of off-street parking spaces 1 Enclosed _____ 2 Outdoors _____ Date Permit issued _____ 20 _____ Approved _____	
North					
East					
South					
West					
Notes:					

OCCUPANCY INFORMATION

Type of Construction _____				Use Group _____			
	Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.		Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.
BASEMENT				SEVENTH FLOOR			
FIRST FLOOR				EIGHTH FLOOR			
SECOND FLOOR				NINTH FLOOR			
THIRD FLOOR				TENTH FLOOR			
FOURTH FLOOR				OTHER			
FIFTH FLOOR				ROOF			
SIXTH FLOOR							

VALIDATION

Building Permit Number _____	Date Permit Issued _____ 20 _____
Permit Fee \$ _____	Approved _____