



CENTRE REGION CODE ADMINISTRATION
 2643 Gateway Drive Suite #2
 State College, PA 16801
 Tel: 814-231-3056

WWW.CENTREREGIONCODE.ORG

Building Permit No:
 Zoning Permit No:
 Water Permit:
 Sewer Permit:

APPLICATION FOR ZONING AND BUILDING PERMIT

ADDRESS:

LOCATION OF PROPOSED WORK OR IMPROVEMENT	
Municipality: _____	Tax Parcel No: _____
Street Address: _____	
Rural Directions: _____	

TYPE AND COST OF WORK OR IMPROVEMENT		
Type of Property: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Current Rental <input type="checkbox"/> Proposed Rental	Type of Improvement: <input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical ONLY <input type="checkbox"/> Sprinkler System ONLY	Building Information: Dimensions: Height (feet): _____ No of Stories: _____ Total Square footage: _____ Type of sewage disposal: <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on lot septic tank, etc.) Type of water supply: <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern)
Declared cost \$ _____		

Describe proposed work:
_____ _____ _____ _____

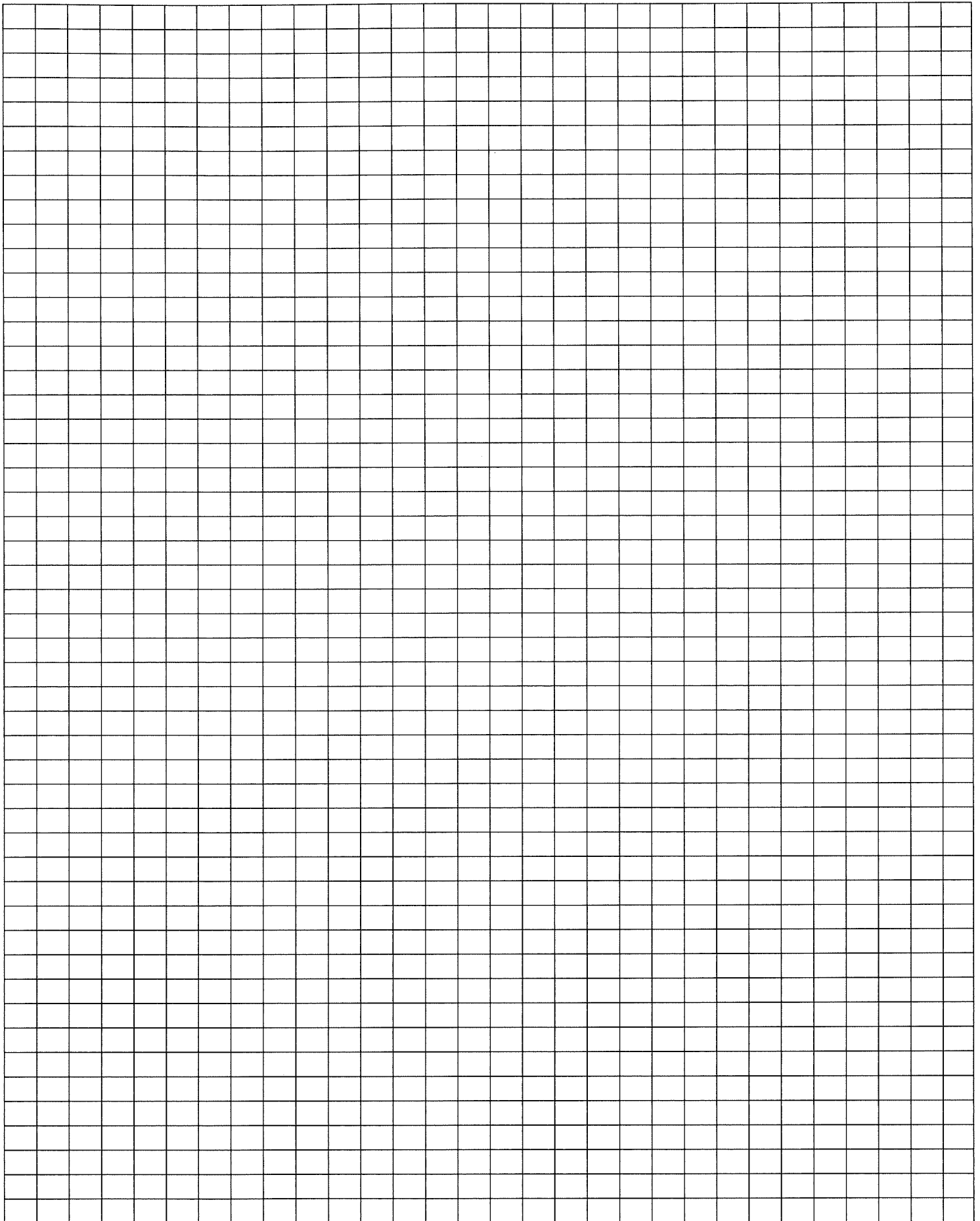
Role:	Name	Address	Phone No	Email
<i>Owner</i>	_____	_____	_____	_____
<i>Tenant</i>	_____	_____	_____	_____
<i>Contractor</i>	_____	_____	_____	_____
<i>Design Professional</i>	_____	_____	_____	_____

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 applicant	Address	Application Date
Print Name	Phone #	Role

Site Plan – Required for zoning application. Applicant must fill in dimensions.



ZONING PLANS EXAMINER NOTES

Zone: _____

Lot Square Footage: _____

Percent Coverage: _____

Off-street parking spaces

Enclosed: _____

Outdoors: _____

Set Backs	North √	Required	Provided
Front			
Right Side			
Left Side			
Rear			

Notes: _____

Approved: _____ Date approved: _____ Permit No.: _____

CODES PLANS EXAMINER NOTES

OCCUPANCY INFORMATION

Type of Construction: _____ Use Group: _____

FLOOR	# OF UNITS	MAX OCC LOADS	MAX LIVE LOAD (lbs per sq.ft.)	FLOOR	# OF UNITS	MAX OCC LOAD	MAX LIVE LOADS (lbs per sq.ft.)
BASEMENT				SEVENTH FLOOR			
FIRST FLOOR				EIGHTH FLOOR			
SECOND FLOOR				NINTH FLOOR			
THIRD FLOOR				TENTH FLOOR			
FOURTH FLOOR				ELEVENTH FLOOR			
FIFTH FLOOR				ROOF			
SIXTH FLOOR				OTHER			

Approved: _____ Date Approved: _____

Building Permit No: _____ Date Permit Issued: _____

Permit fee \$ _____ Deposit Paid \$ _____ Balance Due \$ _____

Deposit Date _____ Check/Cash _____ By _____