

CITY OF LOCK HAVEN CODE ENFORCEMENT OFFICE
20 EAST CHURCH STREET, LOCK HAVEN, PA 17745
(570) 893-5916 - PHONE/(570) 893-5905 - FAX

APPLICATION FOR PLAN REVIEW AND BUILDING/ZONING PERMIT

DATE RECEIVED _____

CITY OFFICIAL _____

THE WORKERS COMPENSATION REFORM ACT "ACT 44" REQUIRES THAT ALL CONTRACTORS PROVIDE PROOF OF WORKERS COMPENSATION INSURANCE BEFORE A BUILDING PERMIT WILL BE ISSUED OR A NOTARIZED AFFIDAVIT THAT INSURANCE ISN'T REQUIRED UNDER ACT 44.

CITY RESOLUTION #848 REQUIRES THAT ALL CONTRACTORS PROVIDE PROOF OF LIABILITY INSURANCE BEFORE A PERMIT WILL BE ISSUED.

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS: I, II, III, IV.

I. LOCATION OF BUILDING:		ZONING
ADDRESS _____		DISTRICT _____
BETWEEN _____	AND _____	
(CROSS STREET)		(CROSS STREET)
WARD _____	PLATE _____	LOT SIZE _____
	LOT _____	BLOCK _____

II. TYPE AND COST OF BUILDING All applicants complete Parts A - D		
A. TYPE OF IMPROVEMENT	D. PROPOSED USE - For "Demolition" most recent use	
1. <input type="checkbox"/> New Building	Residential	Nonresidential
2. <input type="checkbox"/> Addition (<i>If residential, enter number of new housing units added, if any, in Part D, 13</i>)	12. <input type="checkbox"/> One family	18. <input type="checkbox"/> Amusement, recreational
3. <input type="checkbox"/> Alteration (See 2 above)	13. <input type="checkbox"/> Two or more family - Enter number of units - - - - - → _____	19. <input type="checkbox"/> Church, other religious
4. <input type="checkbox"/> Repair, replacement	14. <input type="checkbox"/> Transient hotel, motel,	20. <input type="checkbox"/> Industrial
5. <input type="checkbox"/> Demolition (<i>If multifamily residential, enter number of units in building in Part D, 13</i>)	15. <input type="checkbox"/> Garage	21. <input type="checkbox"/> Parking garage
6. <input type="checkbox"/> Moving (<i>relocation</i>)	16. <input type="checkbox"/> Carport	22. <input type="checkbox"/> Service station, repair garage
7. <input type="checkbox"/> Foundation only	17. <input type="checkbox"/> Other - (specify) _____	23. <input type="checkbox"/> Hospital, institutional
B. OWNERSHIP		24. <input type="checkbox"/> Office, bank, professional
8. <input type="checkbox"/> Private (Individual, Corporation, Nonprofit Institution, Etc.)		25. <input type="checkbox"/> Public utility
9. <input type="checkbox"/> Public (Federal, State, or Local Government)		26. <input type="checkbox"/> Educational (school, library, etc.)
C. COST	(Omit cents)	27. <input type="checkbox"/> Stores, mercantile
10. Cost of improvement..... \$ _____		28. <input type="checkbox"/> Tanks, towers
<i>To be installed but not included in the above cost</i>		29. <input type="checkbox"/> Other - specify _____
a. Electrical _____		
b. Plumbing _____		
c. Mechanical _____		
d. Other _____		
11. TOTAL COST OF IMPROVEMENT \$ _____		

Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for demolition, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME G. TYPE OF SEWAGE DISPOSAL J. DIMENSIONS

- | | | |
|---|--|--|
| 30. <input type="checkbox"/> Masonry (wall bearing) | 40. <input type="checkbox"/> Public or private company | 48. <input type="checkbox"/> Number of stories _____ |
| 31. <input type="checkbox"/> Wood frame | 41. <input type="checkbox"/> Private (well, cistern) | 49. <input type="checkbox"/> Total square feet of floor area, all floors, based on exterior dimensions _____ |
| 32. <input type="checkbox"/> Structural steel | | |
| 33. <input type="checkbox"/> Reinforced concrete | | |
| 34. <input type="checkbox"/> Other - <i>specify</i> _____ | | |

H. TYPE OF WATER SUPPLY

- | | |
|--|--|
| 42. <input type="checkbox"/> Public or private company | 50. <input type="checkbox"/> Total land area, sq. ft _____ |
| 43. <input type="checkbox"/> Private (well, cistern) | |

F. PRIMARY TYPE OF HEATING FUEL

35. Gas
 36. Oil
 37. Electricity
 38. Coal
 39. Other - *specify* _____

I. TYPE OF MECHANICAL

- Will there be central air conditioning?
 44. Yes 45. No
- Will there be an elevator?
 46. Yes 47. No

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
 52. Outdoors _____

L. RESIDENTIAL BLDGS ONLY

53. Number of bedrooms _____
- Full _____
54. Number of Bathrooms Partial _____

THE APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY A SITE PLAN SHOWING TO SCALE THE SIZE AND LOCATION OF ALL NEW CONSTRUCTION AND ALL EXISTING STRUCTURES ON THE SITE AND DISTANCES FROM LOT LINES. IN THE CASE OF DEMOLITION, THE SITE PLAN SHALL SHOW ALL CONSTRUCTION TO BE DEMOLISHED AND THE LOCATION AND SIZE OF ALL EXISTING STRUCTURES AND CONSTRUCTION THAT ARE TO REMAIN ON THE SITE OR PLOT. THE BUILDING OFFICIAL MAY WAIVE THE REQUIREMENT FOR FILING PLANS WHEN THE WORK INVOLVED IS OF A MINOR NATURE

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - number, street, city and state	ZIP code	Tel. No.
1. Owner or _____ Lessee _____			
2. Contractor _____		Builder's License No. _____	
3. Architect or _____ Engineer _____			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant _____ Address _____ Application Date _____

FOR DEPARTMENT USE ONLY

V. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Y	N		Date	By
<input type="checkbox"/>	<input type="checkbox"/>	Land Development Approval		
<input type="checkbox"/>	<input type="checkbox"/>	Sub-Division		
<input type="checkbox"/>	<input type="checkbox"/>	Special Exception		
<input type="checkbox"/>	<input type="checkbox"/>	Variance		
<input type="checkbox"/>	<input type="checkbox"/>	FEMA Elevation Certificate		
<input type="checkbox"/>	<input type="checkbox"/>	DEP Sewage Facilities Planning Module		
<input type="checkbox"/>	<input type="checkbox"/>	PennDOT Highway Access Permit		
<input type="checkbox"/>	<input type="checkbox"/>	Water		
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Sewer		
<input type="checkbox"/>	<input type="checkbox"/>	Storm Sewer		
<input type="checkbox"/>	<input type="checkbox"/>	Conservation District Approval		
<input type="checkbox"/>	<input type="checkbox"/>	LERTA		
<input type="checkbox"/>	<input type="checkbox"/>	Elevator		
<input type="checkbox"/>	<input type="checkbox"/>	Occupancy Permit		
<input type="checkbox"/>	<input type="checkbox"/>	Other		

INSURANCE INFORMATION:

Liability Ins. – P# _____ Exp. Date _____

Workers' Comp. – P# _____ Exp. Date _____

EIN # _____ Ins. Co. _____

NOTES AND DATA - (for department use)

VII. ZONING PLAN EXAMINERS NOTES

DISTRICT _____

USE _____

FRONT YARD _____

SIDE YARD _____ SIDE YARD _____

REAR YARD _____

NOTES _____

VIII. SKETCH

VIII. VALIDATION

Building Permit Fee \$ _____

Electrical Permit Fee \$ _____

Plumbing Permit Fee \$ _____

Mechanical Permit Fee \$ _____

Other Permit Fee \$ _____

DCED Surcharge \$ 4.00 _____

Certificate of Occupancy \$ _____

Zoning Permit Fee \$ _____

Plan Review Fee \$ _____

TOTAL \$ _____

Permit Number _____ Date Issued _____

Use Group _____

Occupancy Load _____

Approved By _____

_____ Signature

_____ Title

_____ Signature

_____ Title