

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
		_____	24. <input type="checkbox"/> Office, bank, professional
		_____	25. <input type="checkbox"/> Public utility
			26. <input type="checkbox"/> Educational (school, library, etc.)
			27. <input type="checkbox"/> Stores, mercantile
			28. <input type="checkbox"/> Tanks, towers
			29. <input type="checkbox"/> Other - specify _____

B. OWNERSHIP			
8. <input type="checkbox"/> Private (Individual, Corporation, Nonprofit Institution, Etc.)			
9. <input type="checkbox"/> Public (Federal, State, or Local Government)			
C. COST			
	(Omit cents)		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.
10. Cost of improvement.....	\$ _____		
<i>To be installed but not included in the above cost</i>			
a. Electrical	_____		
b. Plumbing	_____		
c. Mechanical	_____		
d. Other _____	_____		
11. TOTAL COST OF IMPROVEMENT	\$ _____		

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. Masonry (wall bearing)
- 31. Wood frame
- 32. Structural steel
- 33. Reinforced concrete
- 34. Other - *specify* _____

- 40. Public or private company
 - 41. Private (well, cistern)
- H. TYPE OF WATER SUPPLY**
- 42. Public or private company
 - 43. Private (well, cistern)

- 48. Number of stories _____
- 49. Total square feet of floor area, all floors, based on exterior dimensions _____
- 50. Total land area, sq. ft _____

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 _____
- 54. Number of Bathrooms: Full _____ 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 Approved by the City Engineer_____			
<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	\$ _____	Permit Number _____	Date Issued _____
Electrical Permit Fee	\$ _____	Use Group _____	Occupancy Load _____
Plumbing Permit Fee	\$ _____	Approved By _____	_____
Mechanical Permit Fee	\$ _____	_____	Signature _____
Other Permit Fee	\$ _____	_____	_____
DCED Surcharge	\$ 4.50	_____	Title _____
Certificate of Occupancy	\$ _____	_____	Signature _____
Zoning Permit Fee	\$ _____	_____	_____
Plan Review Fee	\$ _____	_____	Title _____
TOTAL	\$ _____	_____	_____