

**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.**

<b>I. LOCATION OF BUILDING:</b>		<b>ZONING</b>
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

<b>A. TYPE OF IMPROVEMENT</b>		<b>D. PROPOSED USE - For "Demolition" most recent use</b>	
1. <input type="checkbox"/> New Building		<b>Residential</b>	<b>Nonresidential</b>
2. <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)		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 (If multifamily residential, enter number of units in building in Part D, 13)		15. <input type="checkbox"/> Garage	21. <input type="checkbox"/> Parking garage
6. <input type="checkbox"/> Moving (relocation)		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>B. OWNERSHIP</b>			
8. <input type="checkbox"/> Private (Individual, Corporation, Nonprofit Institution, Etc.)			
9. <input type="checkbox"/> Public (Federal, State, or Local Government)			
<b>C. COST</b>			
10. Cost of improvement.....	(Omit cents)		
	\$ _____		
<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. <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.  Public or private company  
43.  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 \_\_\_\_\_  
  
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)**

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**VII. ZONING PLAN EXAMINERS NOTES**

DISTRICT \_\_\_\_\_

USE \_\_\_\_\_

FRONT YARD \_\_\_\_\_

SIDE YARD \_\_\_\_\_ SIDE YARD \_\_\_\_\_

REAR YARD \_\_\_\_\_

NOTES \_\_\_\_\_

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**VIII. SKETCH**

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**VIII. VALIDATION**

Building Permit Fee	\$ _____	Permit Number	_____	Date Issued	_____
Electrical Permit Fee	\$ _____	Use Group	_____		
Plumbing Permit Fee	\$ _____	Occupancy Load	_____		
Mechanical Permit Fee	\$ _____	Approved By	_____		
Other Permit Fee	\$ _____	_____	Signature		
DCED Surcharge	\$ <u>4.50</u> _____	_____	Title		
Certificate of Occupancy	\$ _____	_____	Signature		
Zoning Permit Fee	\$ _____	_____	Title		
Plan Review Fee	\$ _____	_____	Signature		
<b>TOTAL</b>	<b>\$</b> _____	_____	Title		