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:

ADDRESS_____ ZONING DISTRICT_____

BETWEEN_____AND_____
(CROSS STREET) (CROSS STREET)

WARD _____ PLATE _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1. ☐ New Building
2. ☐ Addition (*If residential, enter number of new housing units added, if any, in Part D, 13)*
3. ☐ Alteration (See 2 above)
4. ☐ Repair, replacement
5. ☐ Demolition *(If multifamily residential, enter number of units in building in Part D, 13)*
6. ☐ Moving *(relocation)*
7. ☐ Foundation only

B. OWNERSHIP

8. ☐ Private (Individual, Corporation, Nonprofit Institution, Etc.)
9. ☐ Public (Federal, State, or Local Government)

D. PROPOSED USE - For "Demolition" most recent use

Residential

12. ☐ One family
13. ☐ Two or more family - Enter number of units - - - - - - →_____
14. ☐ Transient hotel, motel,
15. ☐ Garage
16. ☐ Carport
17. ☐ Other - (specify) _____

_____

_____

Nonresidential

18. ☐ Amusement, recreational
19. ☐ Church, other religious
20. ☐ Industrial
21. ☐ Parking garage
22. ☐ Service station, repair garage
23. ☐ Hospital, institutional
24. ☐ Office, bank, professional
25. ☐ Public utility
26. ☐ Educational (school, library, etc.)
27. ☐ Stores, mercantile
28. ☐ Tanks, towers
29. ☐ Other - specify_____

_____

C. COST (Omit cents)

10. Cost of improvement..... $_____

To be installed but not included in the above cost

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

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

_____

F. PRIMARY TYPE OF HEATING FUEL

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

_____

G. TYPE OF SEWAGE DISPOSAL

40. ☐ Public or private company
41. ☐ Private (well, cistern)

H. TYPE OF WATER SUPPLY

42. ☐ Public or private company
43. ☐ Private (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44. ☐ Yes 45. ☐ No

Will there be an elevator?
46. ☐ Yes 47. ☐ No

J. DIMENSIONS

48. ☐ Number of stories _____
49. ☐ Total square feet of floor area, all floors, based on exterior dimensions _____

50. ☐ Total land area, sq. ft _____

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
☐	☐	Land Development Approval		
☐	☐	Sub-Division		
☐	☐	Special Exception		
☐	☐	Variance		
☐	☐	FEMA Elevation Certificate		
☐	☐	DEP Sewage Facilities Planning Module		
☐	☐	PennDOT Highway Access Permit		
☐	☐	Water		
☐	☐	Sanitary Sewer		
☐	☐	Storm Sewer Approved by the City Engineer		
☐	☐	Conservation District Approval		
☐	☐	LERTA		
☐	☐	Elevator		
☐	☐	Occupancy Permit		
☐	☐	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 $_____4.50_____

Certificate of Occupancy $_____

Zoning Permit Fee $_____

Plan Review Fee $_____

TOTAL **$**_____

Permit Number_____ Date Issued_____

Use Group _____

Occupancy Load _____

Approved By _____

_____
Signature

_____
Title

_____
Signature

_____
Title