

CENTRE REGION CODE ADMINISTRATION

2643 Gateway Drive, Suite #2
 State College, PA 16801
 Telephone: 814-231-3056
 Fax: 814-231-3088
 centregioncode.org

Building Permit No.
 Zoning Permit No.
 Worker's Comp. Ins. No.

ADDRESS:

APPLICATION FOR BUILDING PERMIT

APPLICATION REQUIREMENTS: Documents to be submitted with an application for –

- NEW SINGLE FAMILY BUILDINGS – Zoning, Water and Sewer Permits and **Two** Sets of Plans
- NEW COMMERCIAL BUILDINGS – Zoning, Water and Sewer Permits, **Two** Sets of Plans
- BUILDING ADDITIONS – Zoning Permit, **Two** Sets of Plans and May Need Water and/or Sewer Permits
- OTHER WORK – **Two** Sets of Plans and May Need Zoning, Water and Sewer Permits

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Municipality _____
 Tax Parcel No. _____
 Number and Street _____
 Rural Directions _____

TYPE AND COST OF WORK OR IMPROVEMENT

Type of Improvement

- 1 New building
- 2 Addition
- 3 Alteration
- 4 Repair, replacement
- 5 Demolition
- 6 Electrical (only)
- 7 Sprinkler System (only)

Describe Work:

Will this be used as a rental? Yes No

Declared Cost (Omit cents)

\$ _____

Dimensions

Height in feet _____
 Number of stories _____
 Total square feet of all floor areas
 (inc. garage & basement) based on
 exterior dimensions _____

Type of sewage disposal

- Public or private company
- Private (septic tank, etc.)

Type of water supply

- Public or private company
- Private (well, cistern)

IDENTIFICATION

	Name	Mailing address - number, street, city, and state	Phone no.
1. Owner			
2. Contractor			
3. Architect			

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 owner or authorized agent	Address	Application date
Print Name	E-mail	

SITE PLAN – DIMENSION TO BE FILLED IN BY APPLICANT.



ZONING PLAN EXAMINER'S NOTES

Zone		Lot Square Footage		Percent Coverage		Permit No.
Set Backs	Required	Provided	Front (place √)	Number of off-street parking spaces		
North				1 Enclosed	_____	
East				2 Outdoors	_____	
South				Date		
West				Permit issued	_____	20
				Approved	_____	

Notes:

OCCUPANCY INFORMATION

Type of Construction _____				Use Group _____			
	Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.		Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.
BASEMENT				SEVENTH FLOOR			
FIRST FLOOR				EIGHTH FLOOR			
SECOND FLOOR				NINTH FLOOR			
THIRD FLOOR				TENTH FLOOR			
FOURTH FLOOR				OTHER			
FIFTH FLOOR				ROOF			
SIXTH FLOOR							

VALIDATION

Building Permit Number _____ Date Permit Issued _____ 20 _____

Permit Fee \$ _____ Approved _____