



CENTRE REGION CODE ADMINISTRATION
2643 Gateway Drive Suite #2
State College, PA 16801
Tel: 814-231-3056

WWW.CENTREREGIONCODE.ORG

Building Permit No:
Zoning Permit No:
Water Permit:
Sewer Permit:

APPLICATION FOR ZONING AND BUILDING PERMIT

ADDRESS: _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Municipality: _____ Tax Parcel No: _____
Street Address: _____
Rural Directions: _____

TYPE AND COST OF WORK OR IMPROVEMENT

Type of Property:

- ☐ Commercial
☐ Residential
☐ Current Rental
☐ Proposed Rental

Type of Improvement:

- ☐ New building
☐ Addition
☐ Alteration
☐ Repair, replacement
☐ Demolition
☐ Electrical ONLY
☐ Sprinkler System ONLY

Building Information:

Dimensions:

Height (feet): _____

No of Stories: _____

Total Square footage: _____

Type of sewage disposal:

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

Type of water supply:

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

Declared cost

\$ _____

Describe proposed work:

Role:	Name	Address	Phone No	Email
Owner	_____	_____	_____	_____
	_____	_____	_____	_____
Tenant	_____	_____	_____	_____
	_____	_____	_____	_____
Contractor	_____	_____	_____	_____
	_____	_____	_____	_____
Design Professional	_____	_____	_____	_____
	_____	_____	_____	_____

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 applicant	Address	Application Date
Print Name	Phone #	Role

OFFICE USE ONLY

Level of alteration

I II III

Change of Use: _____

New Building: _____

New Building: _____

New Building: _____

New Building: _____

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ZONING PLANS EXAMINER NOTES

Zone: _____

Lot Square Footage: _____

Percent Coverage: _____

Off-street parking spaces

Enclosed: _____

Outdoors: _____

Set Backs	North √	Required	Provided
Front			
Right Side			
Left Side			
Rear			

Notes: _____

Approved: _____ Date approved: _____ Permit No.: _____

CODES PLANS EXAMINER NOTESOCCUPANCY INFORMATION

Type of Construction: _____ Use Group: _____

FLOOR	# OF UNITS	MAX OCC LOADS	MAX LIVE LOAD (lbs per sq.ft.)	FLOOR	# OF UNITS	MAX OCC LOAD	MAX LIVE LOADS (lbs per sq.ft.)
BASEMENT				SEVENTH FLOOR			
FIRST FLOOR				EIGHTH FLOOR			
SECOND FLOOR				NINTH FLOOR			
THIRD FLOOR				TENTH FLOOR			
FOURTH FLOOR				ELEVENTH FLOOR			
FIFTH FLOOR				ROOF			
SIXTH FLOOR				OTHER			

Approved: _____ Date Approved: _____

Building Permit No: _____ Date Permit Issued: _____

Permit fee \$ _____ Deposit Paid \$ _____ Balance Due \$ _____

Deposit Date _____ Check/Cash _____ By _____