



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: _____ | |

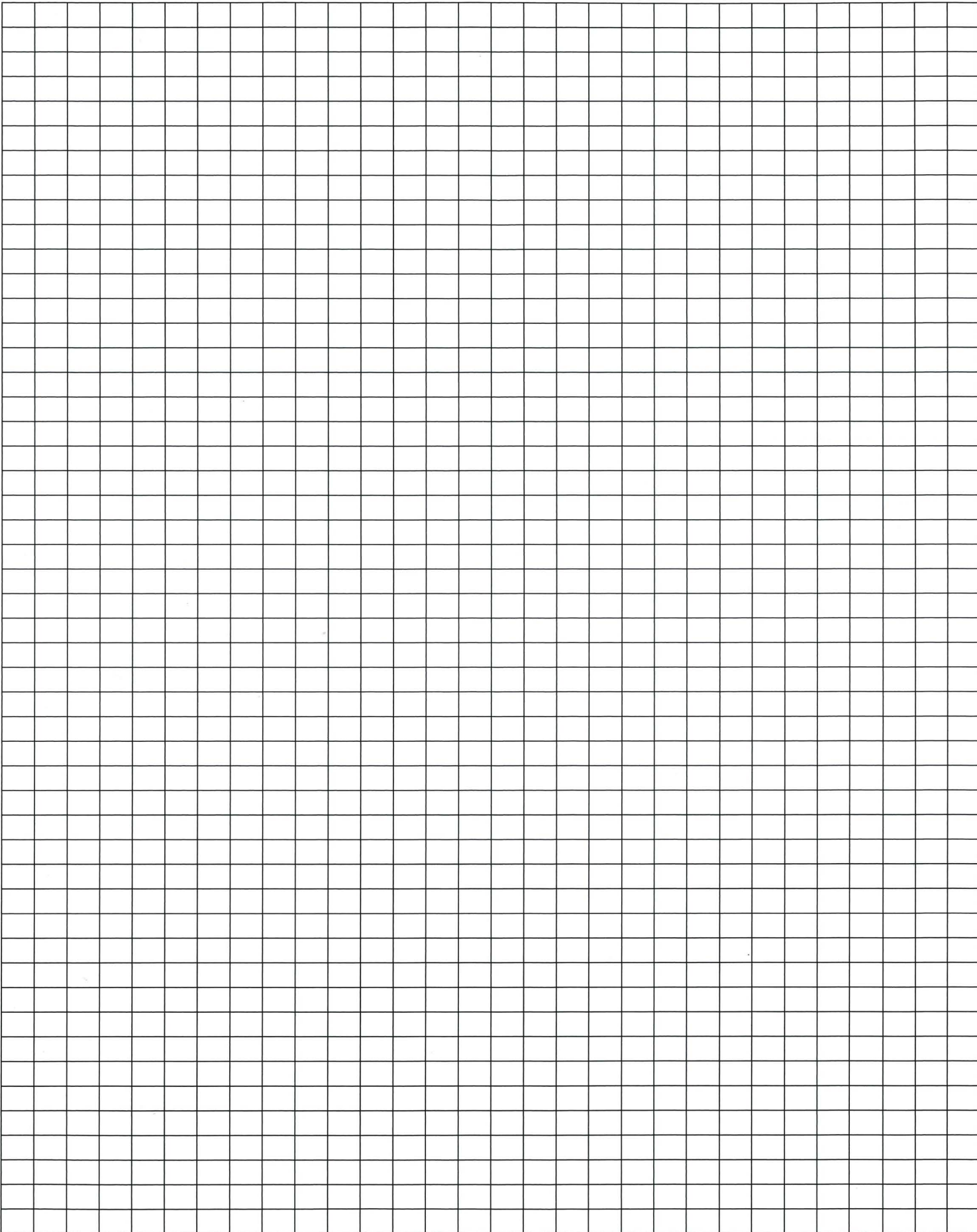
| | | |
|--|---|---|
| TYPE AND COST OF WORK OR IMPROVEMENT | | |
| Type of Property: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Current Rental <input type="checkbox"/> Proposed Rental | Type of Improvement: <input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical ONLY <input type="checkbox"/> Sprinkler System ONLY | Building Information: Dimensions: Height (feet): _____ No of Stories: _____ Total Square footage: _____ Type of sewage disposal: <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (on lot septic tank, etc.) Type of water supply: <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern) |
| Declared cost \$ _____ | | |

Describe proposed work:

| Role: | Name | Address | Phone No | Email |
|----------------------------|------|---------|----------|-------|
| <i>Owner</i> | | | | |
| <i>Tenant</i> | | | | |
| <i>Contractor</i> | | | | |
| <i>Design Professional</i> | | | | |

| | | |
|---|---------|------------------|
| 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 |

Site Plan – Required for zoning application. Applicant must fill in dimensions.



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 NOTES

OCCUPANCY 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 _____