After completion of this checklist you must submit this with all other appropriate permit applications and supporting documents to the Municipality. Thereafter the Municipality will process the paperwork and provide further direction as needed and/or required.

▶ LAND USE PERMIT CHECKLIST ◀

Additional Sheets Attached: #_____

NOTE TO APPLICANT: Applicable items on this checklist shall be completed prior to your submission of an application for a building permit. Failure to complete any applicable item on this checklist shall be sufficient grounds for denial of the building permit application. Please contact your local municipal office or the local Pa Municipal Code Alliance, Inc. office if you have any questions about the process for obtaining a building permit.

Municipality _____ County _____ Tax Parcel I.D. _____ Land Use Permit # _____

Location of Property/Work Site (Complete Address Street City Zip) _____

NAME AND CONTACT INFORMATION OF THE APPLICANT:

Print Full Name _____ *Phone (Cell and/or Land line)* _____ *Email Address* _____

Complete Mailing Address: *Street/P.O. Box* _____ *City* _____ *State* *Zip*

PROJECT DESCRIPTION: _____

Type of Construction: ☐ Single-Family Dwelling / Duplex ☐ Multi Family ☐ New Manufactured Home ☐ Relocated Manufactured Home

☐ Commercial ☐ Other _____ **Total Square Footage of Earth Disturbance:** _____

Improvement Type: ☐ New ☐ Addition ☐ Alteration ☐ Repair/Replacement ☐ Relocation ☐ Other _____

Estimated start date _____ **Estimated date of completion** _____

Estimated value of construction _____ **Number of Additional Bedrooms** _____

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge. Ref. 18 Pa. Cons. Stat. § 4903.

Applicant's signature _____ Date _____

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

- ☐ Sewage facilities planning module, DEP Planning Code # _____, Date of approval _____
- ☐ Sub-division & Land Development, Municipal resolution # _____, Date of approval _____
- ☐ Sewage permit from Sewage Enforcement Officer, Permit # _____, Date of approval _____
- ☐ Storm water management module. Approved by: _____, Date of approval _____
- ☐ Conservation District notification per Chapter 102. Date of approval _____
- ☐ NPDES Permit # _____ for earth disturbances 1 acre or more, Date of approval _____
- ☐ Driveway Permit, Penn DOT # _____ or Local # _____ Date of approval _____
- ☐ Public water tap, Permit # _____ Date of approval _____
- ☐ Public sewer tap, Permit # _____ Date of approval _____
- ☐ Historical Architectural Review Board, ☐ Check here for Special conditions. Date of approval _____
- ☐ Zoning, Permit # _____ ☐ Check here for Special conditions Date of approval _____
- ☐ Other; sluce pipe, road alteration, etc. ☐ Check here for Special conditions. Date of approval _____
- ☐ Floodplain mapping _____ Project may contain flood plain. Date of review _____
- ☐ Municipal setback clearances, ☐ Check here for Special conditions. Date of approval _____
- ☐ Aviation Flight Path or Airport Impact Possible ☐ Check here for FAA or Pa DOT approval Date of approval _____
- ☐ Extra Pages attached to describe special conditions or circumstance. How many extra pages are attached? _____

_____ _____ *{SEAL}*

Approved - Municipal Official's Signature & Title *Date*

▶ This Signature indicates Municipal verification & approval of the Land Use Project as described along with approval of all items on the checklist. ◀

{Rev. 9.0 04-29-20}

PA MUNICIPAL CODE ALLIANCE, Inc.

Chambersburg Office: 380 Wayne Ave. Chambersburg, PA 17201 **Phone:** 717 496-4996
Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 **Phone:** 814 310-2326
Somerset Office: 318 Georgian Place, Somerset, PA 15501 **Phone:** 814 444-6112
Email: pmca@pacodealliance.com **Website:** https://pacodealliance.com

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application No._____

1. PROPERTY / SITE INFORMATION

Site Address: _____ Tax Map / Parcel No.: _____
Complete Address / Street / Lot #

_____
City State Zip

Municipality: _____ County: _____ Land Use Permit No._____

Use: ☐ **Residential** ☐ Single-Family Dwelling / Duplex ☐ Multi Family ☐ New / ☐ Relocated Manufactured Home ☐ Modular

☐ **Commercial** ☐ Other _____ Floodplain present: ☐ Yes ☐ No

Improvement Type: ☐ New ☐ Addition ☐ Alteration ☐ Repair/Replacement ☐ Relocation ☐ Other _____

2. LAND / PROPERTY OWNER'S INFORMATION (Complete Section 5 for Contractor's Info)

First Name Mi. Last Name Phone No: Cell No.:

Street Address City State Zip Email:

3. BUILDING / STRUCTURE OWNER'S INFORMATION [If Different From Above]

First Name Mi. Last Name Phone No: Cell No.:

Street Address City State Zip Email:

4. BUILDING PERMIT APPLICATION

Provide below description of Work: *(Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines)*

Total Lot Area: _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: $_____

ICC Use Group: _____ ICC Construction Type: _____

ESTIMATED START DATE: ____/____/____ ESTIMATED COMPLETION DATE: ____/____/____

5. CONTRACTOR INFORMATION

Business Name: _____ Phone No: _____

_____
Contractor Street Address | City | State | Zip

Person in Charge of Work: _____ Phone No.: _____

Email: _____ Cell No.: _____

Workman's Compensation Insurance: ☐ Provided ☐ On Record ☐ Exempt PA Home Improvement Contr. Reg. #_____

6. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

_____ _____ _____
Applicant Signature | Print Name (***legibly***): | Date

_____ _____
Applicant Phone (Land Line and Cell) | Applicant Email

_____ _____
Business Name (if applicable) | Email

_____
Business **OR** Applicant Complete Address

_____
Business Phone Number (Land Line and Cell)

7. PROJECT DETAILS

Trades: ☐ Building ☐ Electrical Work ☐ Plumbing Work ☐ Mechanical Work (HVAC) ☐ Fire Suppression/Fire Alarm System

Heat Source (if applicable): _____ Fuel Type: _____

Foundation Type: ☐ Crawlspace ☐ Foundation ☐ Slab at Grade ☐ Piers ☐ Other: _____

Details: _____

_____

SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use additional sheet(s) if needed. ☐Additional sheet(s) attached

_____
Contractor | Address | Phone No | Pa HIC #

_____
Contractor | Address | Phone No | Pa HIC #

_____
Contractor | Address | Phone No | Pa HIC #

_____
Contractor | Address | Phone No | Pa HIC #

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING PMCA OFFICE FOR ALL REQUIRED INSPECTIONS.

► ► IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT **N/A** ON THE LINE/ SPACE ◄◄