

MONTOURSVILLE BOROUGH

Administered by:
Central Keystone COG
 1610 Industrial Blvd. #400A
 Lewisburg, PA 17837
 Phone 877-457-9401 or 570-522-1326
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APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, AND IX

I. LOCATION OF BUILDING

AT: _____
NUMBER STREET CITY, STATE, ZIP MUNICIPALITY (TWP OR BORO)

BETWEEN: _____ AND _____
STREET STREET PARCEL ID #

SUBDIVISION _____ LOT #: _____ LOT SIZE: _____

IS ANY PORTION OF THE PROPOSED STRUCTURE IN A FLOOD PLAIN? YES* NO

*IF YES, AN ELEVATION CERTIFICATE AND ENGINEERED FOUNDATION DRAWINGS WILL BE REQUIRED

II. TYPE AND COST OF BUILDING - ALL APPLICANTS COMPLETE PARTS A - D

A. TYPE OF IMPROVEMENT

- 1 NEW BUILDING*
- * STICK-BUILT ON SITE
 MODULAR (# OF SECTIONS _____)
 MANUFACTURED NEW USED
 DIMENSIONS _____ X _____
- 2 ADDITION
- 3 ALTERATION OR BUILD-OUT OF EXISTING
- 4 REPAIR/REPLACEMENT
- 5 DEMOLITION (# OF UNITS _____)
 ARE ALL UTILITIES DISCONNECTED? YES NO
- 6 MOVING OR RELOCATION
- 7 FOUNDATION ONLY

B. PROPOSED USE (FOR DEMOLITION, CHECK MOST RECENT USE OF STRUCTURE)

- | | |
|---|--|
| RESIDENTIAL | NONRESIDENTIAL |
| 12 <input type="checkbox"/> ONE FAMILY | 20 <input type="checkbox"/> AMUSEMENT, RECREATIONAL |
| 13 <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____) | 21 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE |
| 14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____) | 22 <input type="checkbox"/> INDUSTRIAL |
| 15 <input type="checkbox"/> GARAGE | 23 <input type="checkbox"/> PARKING GARAGE |
| 16 <input type="checkbox"/> CARPORT | 24 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE |
| 17 <input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND | 25 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL |
| 18 <input type="checkbox"/> SOLAR PANELS
<input type="checkbox"/> GROUND MOUNT <input type="checkbox"/> ROOF MOUNT | 26 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL |
| 19 <input type="checkbox"/> OTHER - SPECIFY _____ | 27 <input type="checkbox"/> PUBLIC UTILITY |
| | 28 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL |
| | 29 <input type="checkbox"/> STORES, RETAIL, MERCANTILE |
| | 30 <input type="checkbox"/> TANKS, TOWERS |
| | 31 <input type="checkbox"/> OTHER - SPECIFY _____ |

C. OWNERSHIP

- 8 PRIVATE (AN INDIVIDUAL, CORPORATION, NON-PROFIT INSTITUTION, ETC.)
- 9 PUBLIC (FEDERAL, STATE OR LOCAL GOVERNMENT)

D. COST

10. COST OF IMPROVEMENT

- A. ELECTRICAL _____
- B. PLUMBING _____
- C. HEATING, A/C _____
- D. OTHER (ELEVATOR, ETC) _____

(OMIT CENTS)

\$

\$

NON-RESIDENTIAL - 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, 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

- 32 MASONRY (WALL BEARING)
- 33 WOOD FRAME
- 34 STRUCTURAL STEEL
- 35 REINFORCED CONCRETE
- 36 OTHER - SPECIFY _____

G. TYPE OF SEWAGE DISPOSAL

- 42 PUBLIC / MUNICIPAL
- 43 PRIVATE (ON-LOT SYSTEM)

H. TYPE OF WATER SUPPLY

- 44 PUBLIC / MUNICIPAL
- 45 PRIVATE (WELL, CISTERN)

J. DIMENSIONS

50. NUMBER OF STORIES _____
51. TOTAL SQUARE FEET OF FLOOR AREA, ALL FLOORS, BASED ON EXTERIOR DIMENSIONS _____
52. TOTAL LAND AREA, SQ. FT. _____

K. NUMBER OF OFF-STREET PARKING SPACES

53. ENCLOSED (GARAGE) _____
54. OUTDOORS _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 37 NATURAL GAS
- 38 OIL
- 39 ELECTRICITY
- 40 GEOTHERMAL
- 41 OTHER - SPECIFY _____

I. TYPE OF MECHANICAL

- WILL THERE BE CENTRAL AIR CONDITIONING?
- 46 YES 47 NO
- WILL THERE BE AN ELEVATOR?
- 48 YES 49 NO

L. RESIDENTIAL BUILDINGS ONLY

55. NUMBER OF BEDROOMS _____
56. NUMBER OF BATHROOMS { FULL _____ PARTIAL _____ }

IV. IDENTIFICATION -- To be completed by all applicants

	NAME	MAILING ADDRESS	ZIP	PHONE #	CONTACT FOR P/U
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 HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

SIGNATURE OF APPLICANT	ADDRESS	APPLICATION DATE
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DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD -- OFFICE USE ONLY

DATE	TIME	BY	DATE	TIME	BY	DATE	TIME	BY

VI. ADDITIONAL PERMITS OR APPROVALS REQUIRED

	REQUIRED Y/N	DATE	PERMIT #/NOTES		REQUIRED Y/N	DATE	PERMIT #/NOTES
ZONING OR TWP APPROVAL				ELECTRICAL			
SEWAGE				LABOR & INDUSTRY			
SOIL CONSERVATION				DEP (DEMOLITION)			
DRIVEWAY				WORKER'S COMP.			
HARB				OTHER			

VII. VALIDATION

Building Permit Number	Use Group _____
Date Issued	Fire Grading _____
Permit Fee	Live Load _____
Plan Review	Occupancy Load _____
Edu. Fee	
TOTAL FEE	
\$ _____ + \$ _____ + \$4.00 = _____	
Approved By	
Title	

VIII. ZONING APPROVAL	
District	Use
Front Yard	Rear Yard
Side Yard	Side Yard
Notes	
Approved By	
Title	

New Construction of a Residence:

When returning the application, the following items are required:

- a. A copy of the **sewage permit** (this applies if there is no existing on-lot system.) Gregg Twp. requires a receipt showing application has been made to hook onto public sewer.
- b. A copy of the **zoning permit**. Not all townships have zoning at this time. Check with your township officials or this office if you do not know if your township has zoning.
- c. A **Certificate of Insurance on your contractor**. The state requires proof of workmen's compensation on the contractor (if the contractor has employees).
- d. **Two sets of plans** on the residence. These plans must include the following information: elevation drawings, foundation drawings, floor plans, electrical, plumbing, venting riser plans and residential energy worksheet. Once the plans have been reviewed, one set will be returned with the permit. These plans will be stamped "Approved" and signed by the Code Administrator.

Additions/Alterations or New Buildings on your lot:

When returning the application, the following items are required:

- a. A copy of the **zoning permit**. Not all townships have zoning at this time. Check with your township officials or this office if you do not know if your township has zoning.
- b. A **Certificate of Insurance on your contractor**. The state requires proof of workmen's compensation on the contractor (if the contractor has employees).
- c. **Building Plans**. If you are constructing an addition, please draw the house and show where the addition will be constructed in relation to the home. We will ask for dimensions of the addition. Submit elevation, floor plan and sectional drawings showing construction, plumbing, heating, electrical and insulation systems to be constructed.

Commercial Construction:

When returning the application, the following items are required:

- a. A copy of the **zoning permit**. Not all townships have zoning at this time. Check with your township officials or this office if you do not know if your township has zoning.
- b. A **Certificate of Insurance on the contractor**. The state requires proof of workmen's compensation on the contractor (if the contractor has employees).
- c. **Three sets of stamped architectural plans** on the construction must be submitted to this office for review. Our office will determine if the plans are in compliance with all applicable codes in effect at the time of submission. Once the plans are reviewed, one set of the plans will be returned with the permit.