

**PENNSAFE BUILDING INSPECTION SERVICES LLC – PERMIT APPLICATION**

175 Beaver Drive, P.O. Box 486 – DuBois, PA 15801

Phone: 814-375-1111 Fax: 814-375-1117 Toll Free: 855-PENNSAF

Permit No. \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Municipality: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Site Address: \_\_\_\_\_

Lot# \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT (Circle all that apply)**

New Building Addition Alteration Repair Demolition Relocation  
Change of Use Plumbing Electrical Mechanical Other \_\_\_\_\_

Describe the Proposed work: \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION (Reasonable fair market value)** \_\_\_\_\_

**DESCRIPTION OF BUILDING USE (Check one then complete applicable info)**

**RESIDENTIAL**

Single Family Dwelling  
Duplex  
Townhouse  
Total Sq. ft. of finished living space \_\_\_\_\_

**NON-RESIDENTIAL (Commercial)**

Specific Use \_\_\_\_\_  
Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
Change of Use (indicate former and proposed): \_\_\_\_\_  
Maximum Occupant Load: \_\_\_\_\_  
Maximum Live Load: \_\_\_\_\_

**Sprinkler system to be installed:** (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.      Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq. ft.      Height Above Grade: \_\_\_\_\_ ft.  
Total Building Area: \_\_\_\_\_ sq. ft.      Area of Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN INFORMATION**

Is the site located within an identified flood plan area? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Note: All proposed development shall be in accordance with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act.

**HISTORIC DISTRICT INFORMATION**

Is the site located within a Historical District? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Note: If yes, you must provide proper Historical District certification per the UCC Law.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 – Uniform Construction Code and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right of ways, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant hereby certifies he/she understands all applicable codes, ordinances and regulations.

Application for a permit shall be made by the **owner or lessee of the building or structure, or authorized agent of either, or by the authorized registered Design Professional** employed in connection with the proposed work.

**I certify that the Code Administrator or the Code Administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the applicable codes to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions to Worksite:** \_\_\_\_\_

**OFFICE USE ONLY below**

Permit Fee: \$ \_\_\_\_\_

Plan Submittal Checklist Attached: yes \_\_\_\_\_ no \_\_\_\_\_

Plan Review Approval Date: \_\_\_\_\_

**MUNICIPAL PRIOR APPROVAL CHECKLIST**

Name of Municipality\_\_\_\_\_

Name of Applicant\_\_\_\_\_

Parcel#\_\_\_\_\_ Lot#\_\_\_\_\_

**This Section below to be completed by the Authorized Municipal Representative**

**CHECKLIST ITEMS**

Is the project site located in a Flood Area? (Check one) yes\_\_\_\_\_ no\_\_\_\_\_

**(Circle one)**-----**Residential Project** or **Commercial Project**

Description of Work: \_\_\_\_\_

Zoning or Land Use Permit            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Stormwater Management            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Street cut/ Driveway            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Sewage/Onlot Permit            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Water Permit            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

PennDot Highway Occupancy            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Floodplain Permit            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Other\_\_\_\_\_            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

I certify that all required Municipal Codes, Ordinances and Regulations have been met and approval thereby is granted to issue the requested Permit.

Authorized Municipal Representative signature:\_\_\_\_\_

Date:\_\_\_\_\_

**\*\*NOTE THAT THIS PERMIT APPLICATION PACKAGE MUST BE COMPLETED AND THEN SUBMITTED WITH THE PROJECT CONSTRUCTION PLANS AND THE CORRESPONDING SUBMITTAL CHECKLIST\*\***

**PENNSAFE BUILDING INSPECTION SERVICES LLC**  
**DEMOLITION PROCEDURES AND CERTIFICATION AFFIDAVIT**

- ❖ I am completing and submitting the Pennsafe Permit Application.
- ❖ I am responsible for notifying all adjoining neighbors of the demolition project. (one week in advance)
- ❖ Pennsylvania One Call has been contacted (800-242-1776). Authorization Number \_\_\_\_\_
- ❖ I am responsible for public safety and will take every necessary precaution.
- ❖ I am responsible for contacting the local municipality in order to inspect all disconnects and capping of all service utility connections and lines in accordance with local jurisdiction requirements including sewer and/or water lines prior to backfilling.
- ❖ I am responsible for complying with proper DEP waste material disposal procedures.
- ❖ I am responsible for contacting DEP (www.dep.state.pa.us) for all commercial demolition projects. (a minimum of 10 days advanced notice is required prior to commencement of demolition)
- ❖ I am responsible to fill and maintain the finished site grade so water will not pond or create a public safety nuisance.
- ❖ I am responsible for notifying all local utility companies to ensure that services have been disconnected from premises and disconnected from main lines. ( For example: Penelec, United Electric, National Fuel, etc.) prior to commencing demolition

**I have read, understand and agree to conform to the above statements and I attest that all information given is truthful. I acknowledge that I may face punishment and/or penalties if I violate any of the above certifications.**

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

**I/we, certify that I/we own the property for which application has been made for a PA UCC Demolition Permit and that the applicant has my/our approval to demolish this property or act as my/our agent in the demolition of this property. (All property owners must sign)**

Signature of Property Owner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of  
Authorized Office Personnel: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*YOU MUST CALL TO SCHEDULE AN INSPECTION THE FIRST DAY OF THE PROJECT\*\***

**\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH PERMIT APPLICATION\*\***

**\*\*A PHOTOGRAPH OF THE STRUCTURE(S) TO BE DEMOLISHED MUST BE SUBMITTED\*\***