

## **Borough of Clearfield – PERMIT APPLICATION**

6 S. Front Street, Clearfield, PA 16830

Phone: 814-765-7817

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: \_\_\_\_\_

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## 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_____
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Stormwater Management	Approved_____	Not applicable_____
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Street cut/ Driveway	Approved_____	Not applicable_____
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Sewage/Onlot Permit	Approved_____	Not applicable_____
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Water Permit	Approved_____	Not applicable_____
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PennDot Highway Occupancy	Approved_____	Not applicable_____
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Floodplain Permit	Approved_____	Not applicable_____
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Other_____	Approved_____	Not applicable_____
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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\*\***

## **Borough of Clearfield**

### **RESIDENTIAL POST AND BEAM SUBMITTAL HANDOUT REQUIREMENTS**

This submittal form can be used for construction projects such as post and beam framing or pole buildings.

Every item below should be checked as completed (if applicable), or marked n/a (if not applicable), for your project. This form must be completed in its entirety then returned with attached drawings.

- ☐ Permit Application
- ☐ Municipal Prior Approval Form
- ☐ Two full sets of plans. All dimensions must be indicated and drawn to scale.

**\*\*The following items are required to be included on the Building Plan Drawings:\*\***

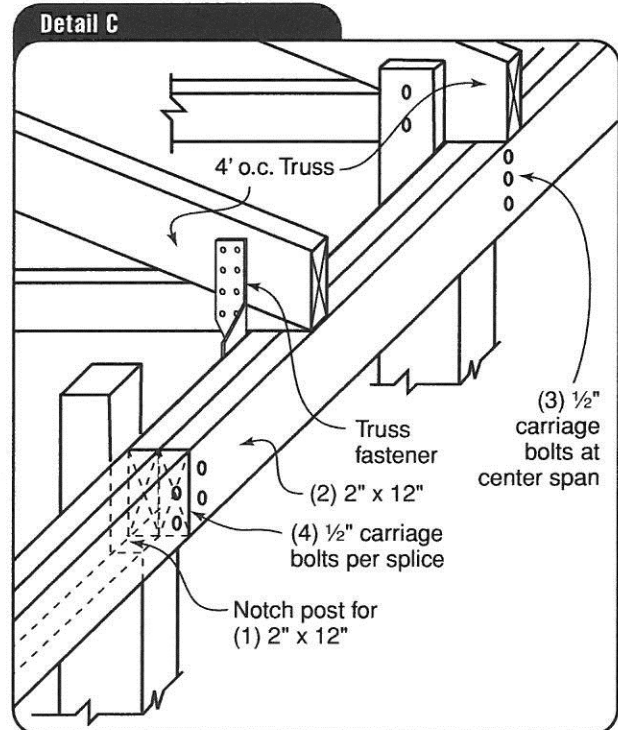
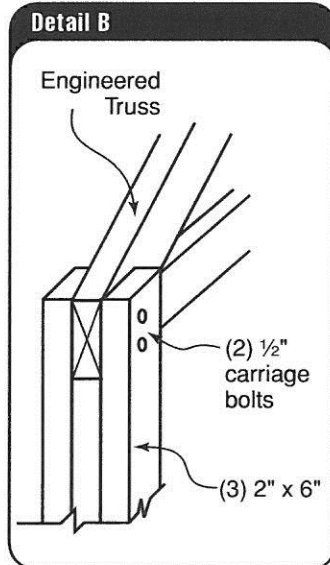
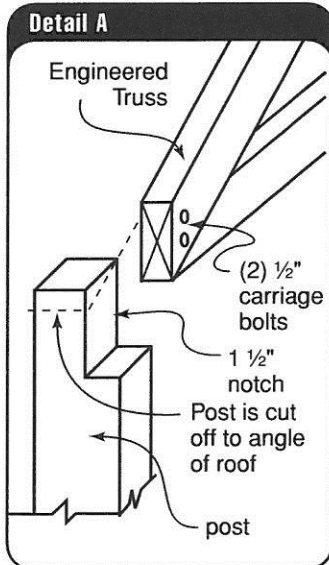
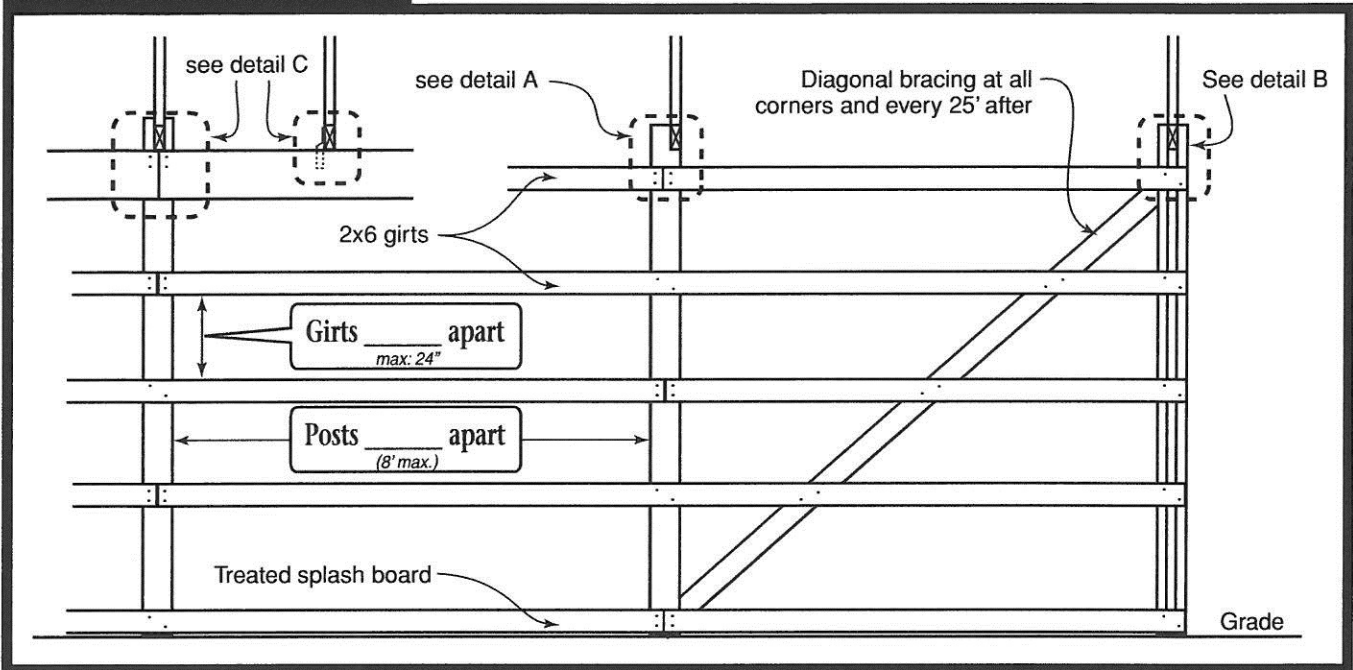
- ☐ Site plan showing setbacks
- ☐ Floorplan drawing looking down at building
- ☐ Exterior elevations
- ☐ All applicable information on the Post and Beam cross section
- ☐ Size of building (in feet) is: length\_\_\_\_\_ and width\_\_\_\_\_
- ☐ Draw all post and beam locations on plan
- ☐ Type of posts: \_\_\_\_\_
- ☐ Spacing of posts: \_\_\_\_\_
- ☐ Type of Header Beam: \_\_\_\_\_
- ☐ Span of Header Beam: \_\_\_\_\_

**\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH PROJECT PLANS\*\***

**\*\*Always remember to contact "PA One Call" at 800-242-1776 before you dig\*\***

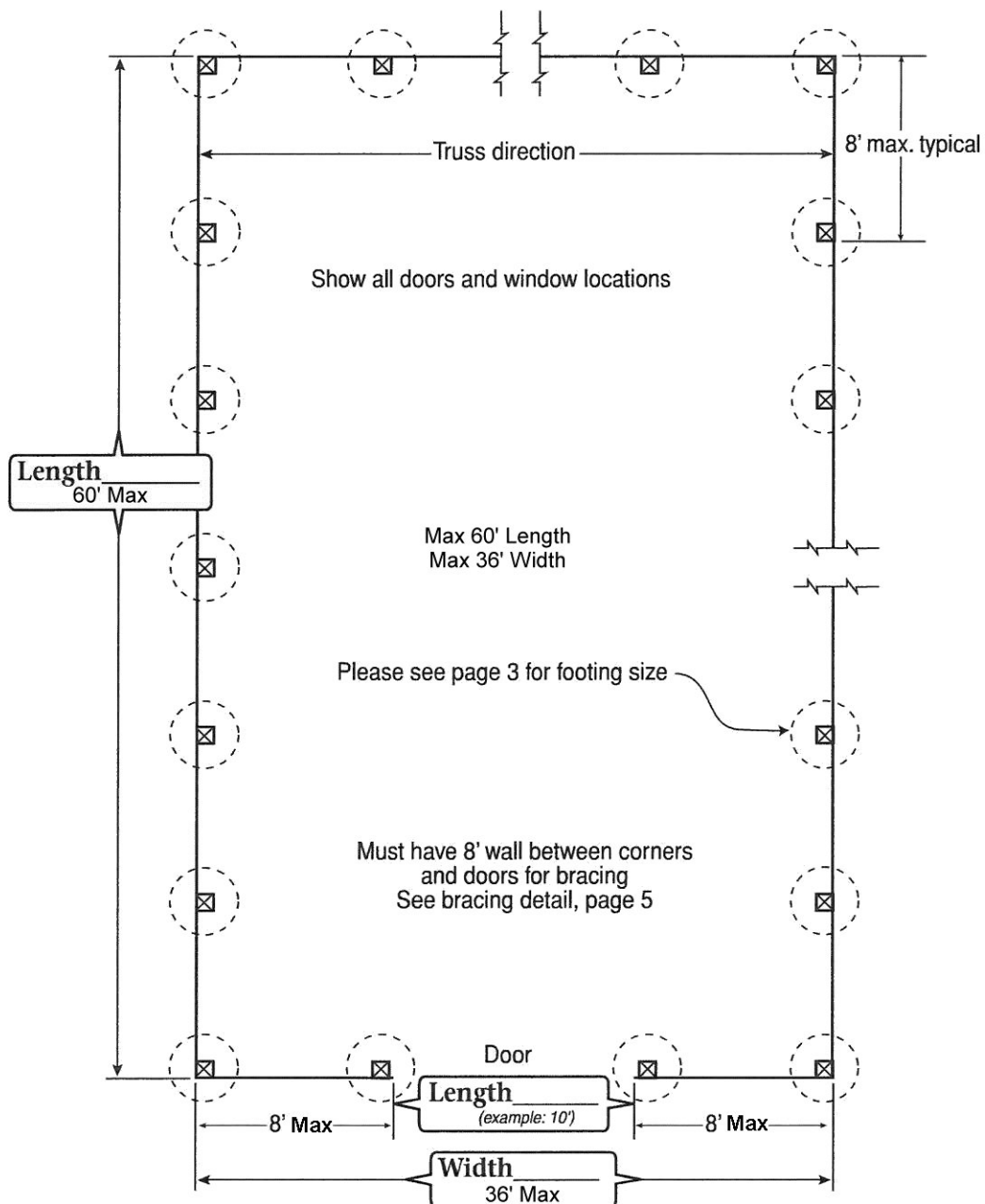
# Pole Barn Construction

## Side Elevation



# Pole Barn Construction

## Floor plan



# Pole Barn Construction

## End Elevation

