

BOROUGH OF SAINT LAWRENCE BUILDING CODE PERMIT APPLICATION

PERMIT NUMBER _____

APPLICATION DATE _____

A. LOCATION OF PROPOSED WORK OR IMPROVEMENT AND CONTACT INFORMATION

Site Address: _____	Tax Id# _____
Lot #: _____ Subdivision: _____	Phase: _____ Section: _____
Owner: _____	Phone #: _____
Mailing Address: _____	Fax #: _____
Email: _____	Cell #: _____
Contractor: _____	Phone #: _____
Mailing Address: _____	Fax #: _____
Email: _____	Cell #: _____
Contractor PA Registration Number: _____	
Architect: _____	Phone #: _____
Mailing Address: _____	Fax #: _____
Email: _____	Cell #: _____

B. TYPE OF WORK OR IMPROVEMENT (Check One)

New Construction
 Repair
 Relocation
 Alteration
 Electrical
 Foundation Only
 Sign
 Addition
 Demolition
 Other (Please Explain) _____

Describe proposed work: _____

C. DESCRIPTION OF BUILDING USE

RESIDENTIAL

<input type="checkbox"/> One Family Dwelling	<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Carport	<input type="checkbox"/> Deck
<input type="checkbox"/> Other - Specify: _____		

NON RESIDENTIAL

Specific Use: _____ Use Group: _____

Change in Use: Yes No If yes, indicate former use: _____

Maximum Occupancy Load: _____ Maximum Live Load: _____

D. ESTIMATED COST OF CONSTRUCTION (reasonable fair market value)

Building	\$	_____
HVAC	\$	_____
Plumbing	\$	_____
Electrical	\$	_____
TOTAL	\$	_____

BUILDING PERMIT APPROVAL
BUILDING CODE OFFICIAL
Date

SUBMIT TO:

SYSTEMS DESIGN ENGINEERING INC
 1032 JAMES DRIVE
 LEESPORT PA 19533
 PHONE: 610-916-8522 FAX 610-916-8501

E. BUILDING DIMENSION

Existing Building Area _____ sq. ft. Number of stories: _____
Proposed Building Area _____ sq. ft. Height of Structure Above Grade: _____ ft
Total Building Area _____ sq. ft. Area of Largest Floor: _____ sq. ft.

F. BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Indicate type of Heating/Ventilating/Air Conditioning (i.e. electric, gas, etc) _____
Water Service (Check One): Public Private
Sewer Service (Check One): Public Private (Septic Permit # _____)
Distance from Project to: Well Septic Tank Drain Field
Fireplaces: Quantity _____ Type of Fuel: _____ Type of Vent: _____
Elevators/Escalators/Lifts/Moving Walks (Check One): Yes No
Sprinkler System: Yes No
Pressure Vessels (e.g. water heater) Yes No
Refrigeration Systems (e.g. air conditioning) Yes No

G. FLOOD PLAIN

Is the site located within an identified flood hazard area? (Check one): Yes No N/A
Will any portion of the flood hazard area be developed? (Check one): Yes No N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Floor Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3

Lowest Floor Level: _____

H. CONSTRUCTION PLANS AND SPECIFICATIONS

Construction plans and specifications must be attached illustrating elevations, floorplans, electrical, plumbing, mechanical layouts, energy code compliance data, design loads and calculations, window and door schedule, typical cross sections, typical footer and foundation details.

I. SITE PLAN

Site Plans must be attached, showing the size and location of the new construction and existing structures on the site and the structure's distance from the property lines.

J. WORKER'S COMPENSATION INSURANCE COVERAGE

All applicants are required to submit evidence of Worker's Compensation Insurance Coverage as directed by PA ACT 44 for contracted work.

K. ACKNOWLEDGMENT

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

AUTHORIZED AGENT/LESSEE/REGISTERED DESIGN PROFESSIONAL -

The PROPERTY OWNER is ultimately responsible for all costs associated with the processing of this application after it is filed. Unpaid fees will result in a municipal lien placed upon the property for the cost of the permit, late fees, attorney's costs, and Court filing costs. To certify an Authorized Agent/Lessee/Registered Design Professional, the PROPERTY OWNER is required to file a Notarized Statement granting the authority.

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L. CERTIFICATION & PERMISSIONS

The applicant certifies and understands that:

1. 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.
2. the **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.**
3. certifies he/she understands all the applicable codes, ordinances and regulations.
4. the applicant assumes the responsibility of locating all property lines, setback lines, easements, house drains, laterals, rights-of-way, flood areas, etc. Property owner and applicant shall not construct or erect structures or encroach into the Municipality's right-of-ways.
5. the applicant gives permission to 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 code(s) applicable to such permit.

M. VERIFICATION

I verify that the statements made in this application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

_____ Signature of Owner or Authorized Individual	_____ Print Name of Owner or Authorized Individual
_____ Address	_____ Date

Borough Use Only

DATE RECEIVED _____ RECEIVED BY _____

Notarized Statement Included Yes No

Notarized Statement On File Yes No

Zoning Permit Number _____

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