

Caernarvon Township

Main and Chestnut Streets
P.O. Box 294
Morgantown PA 19543

Code Enforcement Department

Permit No. _____

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Application For Accessory Building Permit

rev. 4 (August 2009)

PART A: To Be Completed By Owner/Applicant			
Name Of Owner:		Address:	
Phone No:			
Name Of Applicant, If Other Than Owner:		Address:	
Phone No:			
Name Of Contractor:		Address:	
Phone No:			
Property Location:			
Subdivision Name:		Lot No:	Lot Area:
Tax PIN:		Zoning District:	
APPLICATION Is Hereby Made For The Following:			
<input type="checkbox"/> Detached Garage		<input type="checkbox"/> Swimming Pool (1): <input type="checkbox"/> Above Ground, <input type="checkbox"/> In-Ground	
<input type="checkbox"/> Shed, Use: _____		<input type="checkbox"/> Deck, <input type="checkbox"/> Patio, <input type="checkbox"/> Porch, <input type="checkbox"/> Balcony	
<input type="checkbox"/> Other Accessory Use, Describe Use: _____			
DESCRIPTION OF WORK TO BE PERFORMED: _____			
Building/Structure & Lot Coverage Information: (Proposed Building/Structure unless otherwise noted)			
Building/Structure Footprint Area (sf):		New Construction:	Existing:
(IOP, I-1, and I-2) Impervious Area ⁽¹⁾ (sf):		New Construction:	Existing:
Building/Structure: Height: Stories:	Feet:	Width:	Length:
Floor Area (sf): Living:	Basement and Attics With 7'-6" (+) Ceiling Height):		Total:
Is structure located within a floodplain area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(1): Includes driveways to the street right-of-way line, parking lots, sidewalks, and unroofed patios and decks			
Estimated Costs:			
Include HVAC, Electrical and Site Work: \$ _____			
Plumbing: \$ _____			
Total: \$ _____			
STATEMENT BY APPLICANT, OWNER and/or OWNER'S AGENT:			
I hereby certify that I am the OWNER or the AGENT of the OWNER, that I am authorized to make this application and that the information contained in this application is accurate to the best of my knowledge. Further, I/we agree to adhere to all applicable Caernarvon Township Ordinances and Regulations. I/we are also aware that a USE & OCCUPANCY PERMIT, issued by Caernarvon Township shall be required prior to use or occupancy of the building or structure. I/we understand that once the permit review process has begun I am responsible for paying the cost of the permit, irrespective of whether I actually use the permit or not. I/we agree to be liable for all costs required to collect said fee(s).			
Signature of Applicant: _____			Date: _____
Signature of Property Owner/Agent: _____			Date: _____

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Sketch of Property Showing Location of Existing/Proposed Buildings and Structures:

PART B: TO BE COMPLETED BY THE ZONING OFFICER

Additional Approvals:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> On-Lot Sewage Disposal |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Public/Community Sewage Disposal |
| <input type="checkbox"/> Fire Code | <input type="checkbox"/> Industrial Waste Discharge |
| <input type="checkbox"/> Public Water | <input type="checkbox"/> Labor & Industry |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Act 167 Compliance |

Fees:

Building Permit: \$ _____
 Certificate of Use & Occupancy: \$ _____
 Plumbing Permit: \$ _____
 Electrical Permit: \$ _____
 Fire Permit: \$ _____
TOTAL DUE: \$ _____

Paid by: _____
 Check No. _____
 Date Paid: _____

Approval/Denial:

Application Approved * Permit Expiration Date: _____
 Application Denied
 Reason(s) for Denial: _____

Zoning Officer's Signature: _____ Date: _____

* The Owner/Applicant is advised that deed restrictions or covenants may prohibit this activity. It is the Owner/Applicant's responsibility to review and comply with these restrictions. Approval of this permit application by the Zoning Officer does not relieve the Owner/Applicant from complying with these restrictions.