

Caernarvon Township

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

Code Enforcement Department

Permit No. _____

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Application For Building Permit

rev 5 (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:			
Architect/Engineer:		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"/> Erect A New Building Or Structure		<input type="checkbox"/> Alteration To Existing Building Or Structure	
<input type="checkbox"/> Addition To Existing Building Or Structure		<input type="checkbox"/> Other: _____	
DESCRIPTION OF WORK TO BE PERFORMED: _____			
Proposed Use:			
<input type="checkbox"/> Single Family Dwelling, No. Of Bedrooms: _____			
<input type="checkbox"/> Single Family Semi-Detached ⁽¹⁾ , No. Of Bedrooms: Dwelling Unit A: _____, Dwelling Unit B: _____			
<input type="checkbox"/> Multi-Family Dwelling, No. Of Units: _____ ⁽¹⁾ , No. 1 Bedroom Units: _____, 2 Bedroom Units: _____, 3 Bedroom Units: _____, Total No. Of Units: _____			
<input type="checkbox"/> Motel/Hotel, No. Of Units: _____		<input type="checkbox"/> Restaurant/tavern, No. Of Seats: _____	
<input type="checkbox"/> Hospital/Institutional		No. Of Employees: _____	
<input type="checkbox"/> Medical/Paramedical		<input type="checkbox"/> Office Professional	
No. Of Persons In Practice: _____		<input type="checkbox"/> Store/Bank	
<input type="checkbox"/> Educational, No. Of Classrooms: _____		<input type="checkbox"/> Service Station/Repair Garage	
<input type="checkbox"/> Church/Religious Building, No. Of Seats: _____		<input type="checkbox"/> Amusement/Recreational	
<input type="checkbox"/> Industrial Use, Describe Operation: _____			
<input type="checkbox"/> Other, Describe: _____			
<small>(1): Each Individual Building Requires A Building Permit, Each Dwelling Unit/Occupancy Requires A Use & Occupancy Permit</small>			
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			
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private		Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	
<small>(1): Includes driveways to the street right-of-way line, parking lots, sidewalks, and unroofed patios and decks</small>			

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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: _____

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: \$ _____	Paid by: _____
Certificate of Use & Occupancy: \$ _____	Check No. _____
Plumbing Permit: \$ _____	Date Paid: _____
Electrical Permit: \$ _____	
Fire Permit: \$ _____	
TOTAL DUE: \$ _____	

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.