

CITY OF LOCK HAVEN CODE ENFORCEMENT OFFICE
20 EAST CHURCH STREET, LOCK HAVEN, PA 17745
(570) 893-5916 - PHONE/(570) 893-5905 - FAX

APPLICATION FOR PLAN REVIEW AND BUILDING/ZONING PERMIT

DATE RECEIVED _____

CITY OFFICIAL _____

THE WORKERS COMPENSATION REFORM ACT "ACT 44" REQUIRES THAT ALL CONTRACTORS PROVIDE PROOF OF WORKERS COMPENSATION INSURANCE BEFORE A BUILDING PERMIT WILL BE ISSUED OR A NOTARIZED AFFIDAVIT THAT INSURANCE ISN'T REQUIRED UNDER ACT 44.

CITY RESOLUTION #848 REQUIRES THAT ALL CONTRACTORS PROVIDE PROOF OF LIABILITY INSURANCE BEFORE A PERMIT WILL BE ISSUED.

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS: I, II, III, IV.

I. LOCATION OF BUILDING:

ZONING

ADDRESS _____ **DISTRICT** _____

BETWEEN _____ **AND** _____

(CROSS STREET)

(CROSS STREET)

WARD _____ **PLATE** _____ **LOT** _____ **BLOCK** _____ **LOT SIZE** _____

II. TYPE AND COST OF BUILDING All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

D. PROPOSED USE - For "Demolition" most recent use

1. ☐ New Building
2. ☐ Addition (*If residential, enter number of new housing units added, if any, in Part D, 13*)
3. ☐ Alteration (See 2 above)
4. ☐ Repair, replacement
5. ☐ Demolition (*If multifamily residential, enter number of units in building in Part D, 13*)
6. ☐ Moving (*relocation*)
7. ☐ Foundation only

Residential

12. ☐ One family
13. ☐ Two or more family - Enter number of units - - - - - → _____
14. ☐ Transient hotel, motel,
15. ☐ Garage
16. ☐ Carport
17. ☐ Other - (specify) _____

Nonresidential

18. ☐ Amusement, recreational
19. ☐ Church, other religious
20. ☐ Industrial
21. ☐ Parking garage
22. ☐ Service station, repair garage
23. ☐ Hospital, institutional
24. ☐ Office, bank, professional
25. ☐ Public utility
26. ☐ Educational (school, library, etc.)
27. ☐ Stores, mercantile
28. ☐ Tanks, towers
29. ☐ Other - specify _____

B. OWNERSHIP

8. ☐ Private (Individual, Corporation, Nonprofit Institution, Etc.)
9. ☐ Public (Federal, State, or Local Government)

C. COST

(Omit cents)

10. Cost of improvement..... \$ _____

To be installed but not included in the above cost

- a. Electrical _____
- b. Plumbing _____
- c. Mechanical _____
- d. Other _____

11. TOTAL COST OF IMPROVEMENT \$ _____

Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L;
for demolition, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME G. TYPE OF SEWAGE DISPOSAL J. DIMENSIONS

30. ☐ Masonry (wall bearing)

31. ☐ Wood frame

32. ☐ Structural steel

33. ☐ Reinforced concrete

34. ☐ Other - *specify* _____

40. ☐ Public or private company

41. ☐ Private (well, cistern)

48. ☐ Number of stories _____

49. ☐ Total square feet of floor
area, all floors, based on
exterior dimensions _____

H. TYPE OF WATER SUPPLY

42. ☐ Public or private company

43. ☐ Private (well, cistern)

50. ☐ Total land area, sq. ft _____

F. PRIMARY TYPE OF HEATING FUEL

35. ☐ Gas

36. ☐ Oil

37. ☐ Electricity

38. ☐ Coal

39. ☐ Other - *specify* _____

I. TYPE OF MECHANICAL

Will there be central air
conditioning?

44. ☐ Yes 45. ☐ No

Will there be an elevator?

46. ☐ Yes 47. ☐ No

**K. NUMBER OF OFF-STREET
PARKING SPACES**

51. ☐ Enclosed _____

52. ☐ Outdoors _____

L. RESIDENTIAL BLDGS ONLY

53. Number of bedrooms _____

54. Number of
Bathrooms Full _____
Partial _____

THE APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY A SITE PLAN SHOWING TO SCALE THE SIZE AND LOCATION OF ALL NEW CONSTRUCTION AND ALL EXISTING STRUCTURES ON THE SITE AND DISTANCES FROM LOT LINES. IN THE CASE OF DEMOLITION, THE SITE PLAN SHALL SHOW ALL CONSTRUCTION TO BE DEMOLISHED AND THE LOCATION AND SIZE OF ALL EXISTING STRUCTURES AND CONSTRUCTION THAT ARE TO REMAIN ON THE SITE OR PLOT. THE BUILDING OFFICIAL MAY WAIVE THE REQUIREMENT FOR FILING PLANS WHEN THE WORK INVOLVED IS OF A MINOR NATURE

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - number, street, city and state	ZIP code	Tel. No.
1. Owner or _____			
Lessee _____			
2. Contractor _____		Builder's License No. _____	
3. Architect or _____			
Engineer _____			
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of Applicant	Address	Application Date	

FOR DEPARTMENT USE ONLY

V. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Y	N		Date	By
<input type="checkbox"/>	<input type="checkbox"/>	Land Development Approval		
<input type="checkbox"/>	<input type="checkbox"/>	Sub-Division		
<input type="checkbox"/>	<input type="checkbox"/>	Special Exception		
<input type="checkbox"/>	<input type="checkbox"/>	Variance		
<input type="checkbox"/>	<input type="checkbox"/>	FEMA Elevation Certificate		
<input type="checkbox"/>	<input type="checkbox"/>	DEP Sewage Facilities Planning Module		
<input type="checkbox"/>	<input type="checkbox"/>	PennDOT Highway Access Permit		
<input type="checkbox"/>	<input type="checkbox"/>	Water		
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Sewer		
<input type="checkbox"/>	<input type="checkbox"/>	Storm Sewer		
<input type="checkbox"/>	<input type="checkbox"/>	Conservation District Approval		
<input type="checkbox"/>	<input type="checkbox"/>	LERTA		
<input type="checkbox"/>	<input type="checkbox"/>	Elevator		
<input type="checkbox"/>	<input type="checkbox"/>	Occupancy Permit		
<input type="checkbox"/>	<input type="checkbox"/>	Other		

INSURANCE INFORMATION:

Liability Ins. – P#	Exp. Date
Workers' Comp. – P#	Exp. Date
EIN #	Ins. Co.

NOTES AND DATA - (for department use)**VII. ZONING PLAN EXAMINERS NOTES**

DISTRICT _____

USE _____

FRONT YARD _____

SIDE YARD _____ SIDE YARD _____

REAR YARD _____

NOTES _____

VIII. SKETCH

[illegible]

VIII. VALIDATION

Building Permit Fee \$_____

Electrical Permit Fee \$_____

Plumbing Permit Fee \$_____

Mechanical Permit Fee \$_____

Other Permit Fee \$_____

DCED Surcharge \$ 4.50

Certificate of Occupancy \$_____

Zoning Permit Fee \$_____

Plan Review Fee \$_____

TOTAL \$ _____

Permit _____ Date _____
Number _____ Issued _____

Use Group _____

Occupancy Load _____

Approved By _____

Signature

Title

Signature

Title