

# Exeter Borough Building Permit Application

1101 Wyoming Avenue, Exeter, PA 18643

Phone 570-654-3001 Ext. 3 - Fax 570-602-0738

INCOMPLETE, UNSIGNED, IMPROPERLY FILLED OUT APPLICATIONS WILL BE DENIED

Type of Permit:  Residential  Commercial Date \_\_\_\_\_

PERMIT # \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TYPE OF WORK IMPROVEMENT (Check All That Apply)

- NEW BUILDING  FOUNDATION ONLY  ALTERATION  DEMOLITION  RELOCATION  
 ADDITION  CHANGE OF USE  PLUMBING  MECHANICAL  ELECTRICAL

DESCRIBE THE PROPOSED WORK: \_\_\_\_\_

\_\_\_\_\_

COST OF CONSTRUCTION: \$ \_\_\_\_\_ UTILITY COMPANY JOB #: \_\_\_\_\_

DISCRPTION OF BUILDING USE: (Check One)

RESIDENTIAL

One .Family.Dwelling

Two.Family.Dwelling

Multi.Family

# Of.Units: \_\_\_\_\_

Maximum Occupant Load: \_\_\_\_\_ Maximum.Live.Load \_\_\_\_\_

NONRESIDENTIAL

Specific.Use \_\_\_\_\_

Use.Group \_\_\_\_\_

Change.Of.Use  Yes  No

If.Yes.Former.Use. \_\_\_\_\_

Total Cost Of Proposed Work \*\*\* \$ \_\_\_\_\_

\*\*\* Labor will be estimated for Material Only Jobs by the BCO. The most recent edition of the Building Valuation Data as published by the International Code Council will be used to verify actual construction costs for construction.

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GENERAL PERMIT INFORMATION

No work shall be started prior to the issuance of the building permit. Fines per PA UCC.

Work in special flood hazard area will require additional information.

Completion & submission of this application does not guarantee or constitute permit issuance

All Permit Applications Require The Following:

Three (3) copies of plans/drawings are required with any structural permit application.

Submit three (3) copies of construction specifications.

A copy of the signed contract/agreement with the property owner is required.

Submit one (1) copy of zoning approval when applicable. Consult with Zoning Officer.

A copy of municipal approval for sewage is required with each application.(when applicable)

Residential: Allow fifteen 15 business days for plan review of submitted material.

Commercial: Allow thirty (30) business days for plan review submitted material.

Certification / Authorized Agent / Required Inspections / Re-inspection Fees

I hereby certify that I am the property owner, equitable owner or authorized agent of the owner for the property and project listed in this application. I further certify that all work performed and the attached plans and specifications will be in compliance with Act 45 of 1999, known as the Pennsylvania Uniform Construction Code (PA-UCC). I understand that inspections are required under the PA.UCC and that I am responsible for insuring that all required inspections are requested and performed before any work is covered. I agree to call if I am unsure when an inspection is required. I further agree, the Building Code Official and all assigned Code Inspectors shall have the authority to enter the property and building described in this permit at reasonable hours to inspect the premises and enforce the provisions of the PA. UCC and this permit. I also understand permit fees are not refundable and failed inspections will result in additional fees for re-inspections performed. The information I have supplied is correct to the best of my knowledge. I have read and understand the general permit information and agree to apply with all aspects of the PA. UCC, storm-water, and floodplain ordinances.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant / Permit Holder:--: \_\_\_\_\_

D \*Do Not Write Below. Areas Below to be filled out by the Building Code Official Only \*

BUILDINGL	\$	_____
PLUMBING	\$	_____
MECHANICAL	\$	_____
ELECTRICAL	\$	_____
ACCESSABILITY	\$	_____
PLAN REVIEW	\$	_____
PA. UCC FEE	\$	_____
TOTAL	\$	_____
AMOUNT PAID:	\$	_____

CHECK # : \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_ CODE OFFICIAL: \_\_\_\_\_