



BUILDING / ZONING / FLOODPLAIN PERMIT APPLICATION

Freemansburg Borough

600 Monroe Street
Freemansburg, PA 18017
Phone: 610-866-2220

BRH PERMIT # _____
CMI # _____
ISSUE DATE: _____

DATE RECEIVED: ___/___/___

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY INFORMATION

ST NUMBER: _____ STREET: _____ SUITE/APT: _____ ZONING DIST: _____
TAX ID #: _____ LOT SIZE: _____ SQ. FT.: _____
BUSINESS NAME: _____ SUBDIVISION: _____ LOT SIZE: _____
PRESENT USE OF STRUCTURE/BUILDING, DESCRIBE: _____

APPLICANT INFORMATION

APPLICANT IS: OWNER CONTRACTOR DESIGN PROFESSIONAL OTHER _____
NAME: _____ PHONE: _____ CELL: _____
ADDRESS: _____ FAX: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____
SIGNATURE: _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Freemansburg Borough Ordinances. Owners of the property pertaining to and stated on this application, upon approval of this application's request, do hereby grant permission to Borough Officials to enter said property for purposes of inspection for compliance with Borough ordinances and codes.

OWNER INFORMATION

CHECK HERE IF SAME AS APPLICANT

NAME: _____ PHONE: _____ CELL: _____
ADDRESS: _____ FAX: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____
SIGNATURE: ** ****REQUIRED ON ALL APPLICATIONS**

CONTRACTOR INFORMATION

CHECK HERE IF SAME AS APPLICANT

NAME: _____ PHONE: _____ CELL: _____
ADDRESS: _____ FAX: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____ PA HOME IMPROVEMENT
SIGNATURE: _____ **CONTRACTOR REG #** _____

DETAILED DESCRIPTION OF PROJECT: _____

COST INCLUDING LABOR AND MATERIALS: \$ _____

INT. FLOOR SPACE _____ SQ.FT. # OF BEDROOMS _____ # OF STORIES _____ HEIGHT _____ FT.

TOTAL SQ. FT. OF NEW CONSTRUCTION (INCLUDE BASEMENT, GARAGE, PORCH/DECK, ALL FLOORS): _____ SQ. FT.

| APPLICATION FOR: (CHECK ALL THAT APPLY) | | PROPOSED USE: | |
|--|--|---|---|
| <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> EXTERIOR ALTERATION <input type="checkbox"/> INTERIOR ALTERATION/REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> FENCE <input type="checkbox"/> PATIO/DECK <input type="checkbox"/> SHED | <input type="checkbox"/> ADDITION TO BUILDING <input type="checkbox"/> ACCESSORY STRUCTURE <input type="checkbox"/> TEMPORARY BUILDING <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> PARKING LOT <input type="checkbox"/> ROAD OPENING (HOP) <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING | <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTI FAMILY DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APARTMENT BLDG. <input type="checkbox"/> STORAGE <input type="checkbox"/> ACCESSORY | <input type="checkbox"/> PLACE OF ASSEMBLY <input type="checkbox"/> BUSINESS (OFFICE). <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> INDUSTRIAL. <input type="checkbox"/> MERCANTILE (STORE) <input type="checkbox"/> OTHER SEE DESC |
| <input type="checkbox"/> INGROUND POOL <input type="checkbox"/> ABOVEGROUND POOL | <input type="checkbox"/> TENNANT FIT OUT <input type="checkbox"/> OTHER (SEE DESC.) | SEE REVERSE SIDE FOR ADDITIONAL INFORMATION | |

(OVER)

MISCELLANEOUS INFORMATION

Please check if Public Utilities have been disconnected before Demolition:

Electric Water Gas TV Cable Phone

Will blasting be required? YES NO If yes, provide certified blaster & State Blasting Permit # _____

| | | | |
|---|---|--|--|
| <input type="checkbox"/> IN FLOOD PLAIN | <input type="checkbox"/> PUBLIC SEWER | <input type="checkbox"/> MANUFACTURED | <input type="checkbox"/> DETACHED GARAGE |
| <input type="checkbox"/> PUBLIC WATER | <input type="checkbox"/> PRIVATE SEPTIC | <input type="checkbox"/> BASEMENT | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PRIVATE WELL | <input type="checkbox"/> INDUSTRIALIZED | <input type="checkbox"/> ATTACHED GARAGE | |

CONSTRUCTIONTYPE

HEATINGFUEL

| | | |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> WOOD | <input type="checkbox"/> STRUCTURAL STEEL | <input type="checkbox"/> GAS |
| <input type="checkbox"/> MASONRY | <input type="checkbox"/> REINFORCED CONCRETE | <input type="checkbox"/> OIL |
| <input type="checkbox"/> | | <input type="checkbox"/> ELECTRICITY |

SIZE OF IMPROVEMENT

DISTANCE FROM LOT LINES

| | | |
|--------------|--------------|-------------------|
| WIDTH _____ | FRONT: _____ | LEFT SIDE: _____ |
| LENGTH _____ | REAR: _____ | RIGHT SIDE: _____ |
| HEIGHT _____ | | |

SWIMMINGPOOLDETAILS

Type of Pool: Inground
 Above Ground (Including inflatables)

| | |
|--|--|
| <input type="checkbox"/> FENCE - Type _____ HEIGHT _____ | <input type="checkbox"/> GATE HEIGHT _____ |
| <input type="checkbox"/> LADDER LINEAR FEET _____ | <input type="checkbox"/> DECK LENGTH _____ WIDTH _____ |

POOL SIZE _____ FT. X _____ FT. OR DIAMETER _____ FT. = _____ SQ.FT.

OFFICE USE ONLY

| | DEPARTMENT | APPROVED BY | N/A | DENIAL | DATE | PERMIT FEES | MISC. |
|--------------------------|--------------|-------------|--------------------------|--------------------------|------|----------------------|---|
| <input type="checkbox"/> | CMI ZONING | | <input type="checkbox"/> | <input type="checkbox"/> | | ZONING \$. | <input type="checkbox"/> CONTR. LICENSE |
| <input type="checkbox"/> | CMI BUILDING | | <input type="checkbox"/> | <input type="checkbox"/> | | BUILDING (UCC) \$. | <input type="checkbox"/> WORKER'S COMP |
| <input type="checkbox"/> | PUBLIC WORKS | | <input type="checkbox"/> | <input type="checkbox"/> | | FLOOD PLAIN \$. | <input type="checkbox"/> NOTARIZED FORM |
| <input type="checkbox"/> | ENGINEER | | <input type="checkbox"/> | <input type="checkbox"/> | | ADMIN \$. | |
| | | | | | | STATE FEE \$ 4.00 | |
| | | | | | | DEPOSIT PAID \$. | |
| | | | | | | REMAINING FEES PAID: | DATE: |

PERMIT ISSUED BY: _____ DATE: _____

PERMIT DENIED BY: _____ DATE: _____

DENIAL REASON: _____

**NOTE: PAYMENT OF FEE DOES NOT GUARENTEE APPROVAL
FEES ARE NON-REFUNDABLE**