

Borough of Highspire

640 ESHELMAN STREET
 HIGHSPIRE, PA 17034
 Office (717) 939-3303 - Fax (717) 939-3371

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT – Applicant to complete all items in sections: I, II, III and IV.

I. PROJECT INFORMATION							
LOCATION OF BUILDING	AT (LOCATION) _____	ZONING DISTRICT _____					
	(NO.) (STREET)						
	BETWEEN _____ AND _____						
	(CROSS STREET) (CROSS STREET)						
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____						
II. TYPE AND COST OF BUILDING – All applicants complete Parts A - C							
A. TYPE OF IMPROVEMENT		D. PROPOSED USE – For “Wrecking” most recent use.					
1. <input type="checkbox"/> New Construction – Any Type 2. <input type="checkbox"/> Addition Only (If residential, enter number of new housing units added, if any, in Part D, 13) 3. <input type="checkbox"/> Alteration (See 2 above) 4. <input type="checkbox"/> Repair, replacement 5. <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6. <input type="checkbox"/> Moving 7. <input type="checkbox"/> Foundation only		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Residential</td> <td style="width: 50%; vertical-align: top;">Nonresidential</td> </tr> <tr> <td style="vertical-align: top;"> 12. <input type="checkbox"/> One family 13. <input type="checkbox"/> Two or more family – <i>Enter number of Units</i> →..... 14. <input type="checkbox"/> Transient hotel, motel, or dormitory – <i>Enter Number of</i> <i>Units</i>→..... 15. <input type="checkbox"/> Garage 16. <input type="checkbox"/> Carport 17. <input type="checkbox"/> Other – Specify..... </td> <td style="vertical-align: top;"> 18. <input type="checkbox"/> Amusement, recreational 19. <input type="checkbox"/> Church, other religious 20. <input type="checkbox"/> Industrial 21. <input type="checkbox"/> Parking garage 22. <input type="checkbox"/> Service station, repair garage 23. <input type="checkbox"/> Hospital, institutional 24. <input type="checkbox"/> Office, bank, professional 25. <input type="checkbox"/> Public utility 26. <input type="checkbox"/> School, library, other educational 27. <input type="checkbox"/> Stores, mercantile 28. <input type="checkbox"/> Tanks, towers 29. <input type="checkbox"/> Other - Specify </td> </tr> </table>		Residential	Nonresidential	12. <input type="checkbox"/> One family 13. <input type="checkbox"/> Two or more family – <i>Enter number of Units</i> →..... 14. <input type="checkbox"/> Transient hotel, motel, or dormitory – <i>Enter Number of</i> <i>Units</i> →..... 15. <input type="checkbox"/> Garage 16. <input type="checkbox"/> Carport 17. <input type="checkbox"/> Other – Specify.....	18. <input type="checkbox"/> Amusement, recreational 19. <input type="checkbox"/> Church, other religious 20. <input type="checkbox"/> Industrial 21. <input type="checkbox"/> Parking garage 22. <input type="checkbox"/> Service station, repair garage 23. <input type="checkbox"/> Hospital, institutional 24. <input type="checkbox"/> Office, bank, professional 25. <input type="checkbox"/> Public utility 26. <input type="checkbox"/> School, library, other educational 27. <input type="checkbox"/> Stores, mercantile 28. <input type="checkbox"/> Tanks, towers 29. <input type="checkbox"/> Other - Specify
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B. OWNERSHIP							
8. <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9. <input type="checkbox"/> Public (Federal, State, or Local Government)							
C. COST OF IMPROVEMENT							
10. a. Cost of improvement..... <i>To be installed but not included in the above cost</i> a. Electrical..... b. Plumbing c. Heating, air conditioning..... d. Other (elevator, etc.).....	(Omit cents) \$ _____ _____ _____ _____ _____	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 changes, enter proposed use. _____ _____ _____ _____					
11. TOTAL COST OF IMPROVEMENT	\$ _____						

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

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30. <input type="checkbox"/> Masonry (wall bearing)</p> <p>31. <input type="checkbox"/> Wood Frame</p> <p>32. <input type="checkbox"/> Structural Steel</p> <p>33. <input type="checkbox"/> Reinforced Concrete</p> <p>34. <input type="checkbox"/> Other – Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40. <input type="checkbox"/> Public or Private Company</p> <p>41. <input type="checkbox"/> Private (septic tank, etc)</p> <hr/> <p>H. TYPE OF WATER SUPPLY</p> <p>42. <input type="checkbox"/> Public or Private Company</p> <p>43. <input type="checkbox"/> Private (well, cistern)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories.....</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>50. Total land area, sq. ft.....</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35. <input type="checkbox"/> Gas</p> <p>36. <input type="checkbox"/> Oil</p> <p>37. <input type="checkbox"/> Electricity</p> <p>38. <input type="checkbox"/> Coal</p> <p>39. <input type="checkbox"/> Other – Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44. <input type="checkbox"/> YES 45. <input type="checkbox"/> NO</p> <p>Will there be an elevator?</p> <p>46. <input type="checkbox"/> YES 47. <input type="checkbox"/> NO</p>	<p>K. NUMBER OF OFF STREET PARKING SPACES</p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p> <hr/> <p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of Bedrooms.....</p> <p>54. Number of Bathrooms { Full..... Partial.....</p>

IV. IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

Name	Mailing Address – Number, Street, City, State and Zip Code	Telephone No.	Fax No.
1. Owner or Lessee			
2. Contractor			
3. Architect/Engineer			
<p>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 his authorized agent and we agree to conform to all applicable laws of this jurisdiction.</p>			
Signature of Applicant		Address	Application Date

Contractors Building License Number:

Other Information:

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – For Office Use							
Plans Review Required	Check/Cash	Plan Review Fee	Date Plans Stared	By	Date Plans Approved	By	Notes
BUILDING							
PLUMBING							
MECHANICAL							
ELECTRICAL							
OTHER.....							

VI. VALIDATION PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS									
Permit or Approval	Check/Cash	Date Obtained	Permit Number	By	Permit or Approval	Check/Cash	Date Obtained	Permit Number	By
Boiler					Plumbing				
Curb or Sidewalk Cut					Roofing				
Elevator					Sewer				
Electrical					Sign or Bill Board				
Furnace					Street Grades				
Grading					Use of Public Areas				
Oil Burner					Wrecking				
Other_____					Other_____				

<p>Building Permit Number _____</p> <p>Building Permit Issued _____</p> <p>Building Permit Fee \$ _____</p> <p>Certificate of Occupancy \$ _____</p> <p>Drain Tile \$ _____</p> <p>Plan Review Fee \$ _____</p>	<p style="text-align: center;">For Department Use Only</p> <p>Use Group _____</p> <p>Fire Grading _____</p> <p>Live Loading _____</p> <p>Occupancy Load _____</p> <p>Flood Hazard Area _____</p>
<p>Approved By:</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">TITLE</p>	