

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	Residential 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.....	Nonresidential 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
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	(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.
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.).....		
11. TOTAL COST OF IMPROVEMENT	\$	

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

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				
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.				
Signature of Applicant		Address		Application Date

Contractors Building License Number: Other Information:
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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_____				

		For Department Use Only	
Building Permit Number _____		Use Group	_____
Building Permit Issued _____		Fire Grading	_____
Building Permit Fee \$ _____		Live Loading	_____
Certificate of Occupancy \$ _____		Occupancy Load	_____
		Flood Hazard Area	_____
Drain Tile \$ _____		Approved By:	
Plan Review Fee \$ _____		_____	

		TITLE	