

**CENTRE REGION CODE ADMINISTRATION**  
 2643 Gateway Drive, Suite #2  
 State College, PA 16801  
 Telephone: 814-231-3056  
 Fax: 814-231-3088  
 centreregioncode.org

Building Permit No.  
 Zoning Permit No.  
 Worker's Comp. Ins. No.

ADDRESS:

## APPLICATION FOR BUILDING PERMIT

**APPLICATION REQUIREMENTS:** Documents to be submitted with an application for –

- NEW SINGLE FAMILY BUILDINGS – Zoning, Water and Sewer Permits and **Two** Sets of Plans
- NEW COMMERCIAL BUILDINGS – Zoning, Water and Sewer Permits, **Two** Sets of Plans
- BUILDING ADDITIONS – Zoning Permit, **Two** Sets of Plans and May Need Water and/or Sewer Permits
- OTHER WORK – **Two** Sets of Plans and May Need Zoning, Water and Sewer Permits

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Municipality \_\_\_\_\_  
 Tax Parcel No. \_\_\_\_\_  
 Number and Street \_\_\_\_\_  
 Rural Directions \_\_\_\_\_

**TYPE AND COST OF WORK OR IMPROVEMENT**

<p><b>Type of Improvement</b></p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition</p> <p>3 <input type="checkbox"/> Alteration</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Demolition</p> <p>6 <input type="checkbox"/> Electrical (only)</p> <p>7 <input type="checkbox"/> Sprinkler System (only)</p>	<p><b>Describe Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Will this be used as a rental? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p><b>Declared Cost (Omit cents)</b></p> <p>\$ _____</p>	<p><b>Dimensions</b></p> <p>Height in feet ..... _____</p> <p>Number of stories ..... _____</p> <p>Total square feet of all floor areas (inc. garage &amp; basement) based on exterior dimensions ..... _____</p>	<p><b>Type of sewage disposal</b></p> <p><input type="checkbox"/> Public or private company</p> <p><input type="checkbox"/> Private (septic tank, etc.)</p> <p><b>Type of water supply</b></p> <p><input type="checkbox"/> Public or private company</p> <p><input type="checkbox"/> Private (well, cistern)</p>
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**IDENTIFICATION**

	Name	Mailing address - number, street, city, and state	Phone no.
1. Owner			
2. Contractor			
3. Architect			

**AFFIDAVIT**

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and this jurisdiction.

Signature of owner or authorized agent	Address	Application date
Print Name	E-mail	





**SITE PLAN – DIMENSION TO BE FILLED IN BY APPLICANT.**

**ZONING PLAN EXAMINER'S NOTES**

Zone	Lot Square Footage			Percent Coverage	Permit No.
Set Backs	Required	Provided	Front (place √)	<b>Number of off-street parking spaces</b> 1 Enclosed ..... _____ 2 Outdoors ..... _____ Date Permit issued _____ 20 _____ Approved _____	
North					
East					
South					
West					
Notes:					

**OCCUPANCY INFORMATION**

Type of Construction _____				Use Group _____			
	Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.		Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.
BASEMENT				SEVENTH FLOOR			
FIRST FLOOR				EIGHTH FLOOR			
SECOND FLOOR				NINTH FLOOR			
THIRD FLOOR				TENTH FLOOR			
FOURTH FLOOR				OTHER			
FIFTH FLOOR				ROOF			
SIXTH FLOOR							

**VALIDATION**

Building Permit Number _____	Date Permit Issued _____ 20 _____
Permit Fee \$ _____	Approved _____