



Application for Building Permit

FRANKLINTOWN BOROUGH

116 South Baltimore St. Franklinton, PA 17323 Permit No. _____

Application is hereby made for a Building Permit in accordance with the requirements of the Building Ordinances and amendments of Franklinton Borough. Please complete the following Application for your project. Applications are only accepted from the Property Owner(s) with the Property Owner(s) signatures.

Date of Application _____ Parcel # 63 000 _____

A. Property & Owner Information

Property (Physical) Address _____

Property Owner #1 _____ Address _____

Phone (H) _____ (W) _____ Email _____

Property Owner #2 _____ Address _____

Phone (H) _____ (W) _____ Email _____

B. Contractors Information

Architect/Engineer _____ Address _____

Phone (H) _____ (W) _____ Email _____

General Contractor _____ Address _____

Phone (H) _____ (W) _____ Email _____

Electrical Contractor _____ Address _____

Phone (H) _____ (W) _____ Email _____

Workman's Compensation Insurance Verification form is required to be completed and attached to the application at time of submission.

C. Mark all current/existing uses of the property _____ Residential _____ Storage _____ Business

_____ Assembly _____ Factory _____ Educational _____ Institutional _____ Other: _____

Living Area _____ sq. Ft. Garage Area _____ sq. Ft. Building Area _____ sq. Ft

D. Mark all proposed (new/changes) uses of the property _____ Residential _____ Storage _____ Business

_____ Assembly _____ Factory _____ Educational _____ Institutional _____ Other: _____

Living Area _____ sq. Ft. Garage Area _____ sq. Ft. Building Area _____ sq. Ft

E. Improvement type:

New Construction _____ Addition _____ Alteration _____ Repair/Replacement _____

Change of use _____ Other _____

Cost of Improvement _____ Actual _____ Estimated _____

F. **Type of Permit:** Non-UCC Building _____ UCC Building _____ Other _____
 G.

Trade Inspections Required

Required		Type	Additional Information	
Y	N		Structure Type	
		Building	Number of rooms	
		Electrical	Service Size	
		Plumbing	Number of Bathrooms	
		Mechanical	Type of heating	
		Other	Type	

Please list the dimensions of the project described above. Include the Height of the building/structure to the peak.

H. **Attach a copy of the plan for proposed use drawn to scale**, showing (A) actual dimensions, (B) shape and dimensions of lot (C) exact dimensions and location of all existing buildings on lot (D) the location and dimensions of all (new) proposed building(s). All dimensions must be included. Include the location of any well and septic system. Also list any existing Right of Ways and/or easements established for the property. (see example).

I. **Certification**

In signing this application for a Franklinton Borough Building (UCC or Non-UCC as required) the applicant verifies that they are the owner(s) of record for this property. It is also certified that all information contained within this application is true, correct, and complete to the best of the applicant's knowledge. Furthermore, applicant affirms that the information stated herein is in compliance with all Franklinton Borough Ordinances and regulations. The Borough has the right to revoke this Building (UCC or Non-UCC as required) should any violation(s) of said ordinance occur or any modification of contained information be made. Falsification of any information related to this application could result in prosecution. Franklinton Borough assumes no responsibility for, and is not liable for, any injuries, damages, legal actions, disputes, or unforeseen development or occurrences to person(s) or property which might result in revocation of the zoning permit as well as other appropriate action.

This application will only be accepted with signatures from the Property Owner. This Permit is not valid if anyone other than the property owner(s) has signed below.

Signature of Property Owner #1: _____ Date: _____

Signature of Property Owner #2: _____ Date: _____

If Checked, this indicates that the Applicant(s)/Owner(s) had assistance completing this application from the individual(s) listed below.

Name _____ Title/Company _____

Phone (H) _____ (W) _____ Email _____