After completion of this checklist you must submit this with all other appropriate permit applications and supporting documents to the Municipality. Thereafter the Municipality will process the paperwork and provide further direction as needed and/or required.

NAME AND CONTACT INFORMATION OF THE APPLICANT: Print Full Name Phone (Cell and/or Land line) Complete Mailing Address: Street/P.O. Box PROJECT DESCRIPTION: Type of Construction: Single-Family Dwelling / Duplex Multi Family New Malting Address: New Addition Alteration Repair/Replacement Estimated start date Estimated date of Estimated value of construction Number of I certify that I am the owner of record, or that I have been authorized by the owner of record has been authorized by the owner of record, and I agree to conform to all applicable local, project. I certify that the Code Official or his representative shall have the authority to ente reasonable hour, to enforce the provisions of the Codes governing this project. I understar official property lines for required setbacks prior to the start of construction, and agree to certify that this information is true and correct to the best of my knowledge. Ref. 18 Pa. Co. Applicant's signature Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained	fanufactured Home uare Footage of Earth I Relocation Other completion f Additional Bedroor to submit this application state, and federal laws go the areas in which this and and assume responsil	Relocated Manufactured Home Disturbance: ms on and that the work described overning the execution of this work is being performed, at any
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Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained		
	Date	
addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identi		
<u> </u>	ty special requirements or te of approval	
	te of approval	
<u> </u>	te of approval	
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Driveway Permit, Penn DOT # or Local # Da	te of approval	
Public water tap, Permit # Da	te of approval	
Public sewer tap, Permit # Da	te of approval	
☐ Historical Architectural Review Board, ☐ Check here for Special conditions. ☐ Date of the condition of th	te of approval	
	te of approval	
	te of approval	
Municipal setback clearances, Check here for Special conditions.	Date of approval _	
Aviation Flight Path or Airport Impact Possible Check here for FAA or Pa DOT appr		
	oval Date of approval _ ny extra pages are attach	

► This Signature indicates Municipal verification & approval of the Land Use Project