Application For Building Permit

Date _____ Applicant Name:_____

Location of Proposed Work or Improvement

County: CLINTON Municipality: CHAPMAN TWP

Site Address:_____

Tax Parcel#_____ Subdivision/Land Development: _____

Property Owner Information

Name:_____ Phone #_____ Fax #_____

Mailing Address:_____

Type of Work or Improvement *(Check One)*

☐ New Building ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition ☐ Relocation

☐ Mobile Home ☐ Change of Use ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Other

Describe the proposed work: _____

_____

_____

_____

_____

Estimated Cost of Construction (reasonable fair market value)_____

Description of Building Use*(Check One)*

Residential

☐ One-Family Dwelling (R-3)

☐ Two-Family Dwelling (R-3)

☐ Other: _____

_____

Non-Residential

Specific Use:_____

Use Group: _____

Change in Use: ☐ YES ☐ NO

If YES, IndicateFormer:_____

Max Occupancy Load:_____

Max Live Load: _____

Building/Site Characteristics:

ExistingBuilding Area _____ sq. ft.

Proposed Building Area:_____ sq. ft.

Total Building Area:_____ sq. ft.

Number of Stories:_____

Height Above Grade:_____ ft.

Building Foundation Area:_____ sq. ft.

Water Service: *(Check)* ☐ Public ☐ Private

Sewer Service: *(Check)* ☐ Public ☐ Private (Septic Permit # _____)

Road Occupancy or Driveway Permit Date _____

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(Cont.)
Williams Inspection Service
1545 Troy-Hawk Run Hwy Suite 2
Philipsburg, PA 16866

Date _____ Applicant Name:_____

Reqired Documents *(check off documents included)*

- ☐ Site Plan/Site Drawings:(Dimenions of lot, Existing Buildings, Distance between buildins, Proposed buildings Setbacks, Location of Driveway, Roads,Water service,Septic service, Electric Service)
- ☐ Foundation Plans: (Depth below grade, Size of Footer, Type of Footing, Size of Foundation, Type of Foundation
- ☐ Construction Drawings:(Floor Plans, Details of Wall sections, Electrical, Mechanical, Plumbing)
- ☐ Specifications
- ☐ Workers Comp. Affidavit
- ☐ Completed Zoning Application
- ☐ PA-One-Call Serial Number Assigned _____ Date_____
- ☐ Required letters: "will serve" letters from utility companies, county conservation, and county planning.

Certification

I herby certify that I am the owner of the named property, or that the proposed workis authorized by the owner of record and that I have been authorized by the owner to make this application as his/her athorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorised representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

_____	_____	_____
Owner/Applicant (please print)	Owner/Applicant (Signature)	Date

Directions to site:_____

_____

_____

_____

Please return completed application to:
Williams Inspection Service
1545 Troy-Hawk Run Hwy Suite 2
Philipsburg, PA 16866

Department Use Only

Application Fee $_____ Date_____ Initials_____

Application Recieved on Date_____

Permit # _____

Zoning Permit #_____