

BOROUGH OF TYRONE
UNIFORM CONSTRUCTION CODE PERMIT APPLICATION

IF ANY OF THE FOLLOWING REQUESTED INFORMATION DOES NOT APPLY TO YOUR PARTICULAR PROJECT, PLEASE LIST N/A IN APPROPRIATE SPACE. THE BUILDING CODE OFFICIAL WILL ASSIST YOU WITH ANY INFORMATION THAT YOU DO NOT KNOW OR UNDERSTAND WHEN YOU RETURN THE COMPLETED APPLICATION.

DATE OF APPLICATION: _____ PERMIT NO. _____

PROOF OF PA CONTRACTOR LICENSE NO: _____ (REQUIRED IN ADDITION TO CERTIFICATE OF LIABILITY INSURANCE NAMING THE BOROUGH OF TYRONE CERTIFICATE HOLDER)

LOCATION OF PROPOSED WORK OR IMPROVEMENT:

ADDRESS: _____ TAX PARCEL # _____

OWNER OF PROPERTY: _____

ADDRESS: _____ PHONE# _____

PRINCIPAL CONTRACTOR: _____

ADDRESS: _____ PHONE# _____

ARCHITECT/ENGINEER: _____

ADDRESS: _____ PHONE# _____

TYPE OF WORK OR IMPROVEMENT: (CHECK ALL THAT APPLY)

NEW BUILDING ADDITION ALTERATION REPAIR/REPLACEMENT DEMOLITION
 RELOCATION CHANGE OF USE PLUMBING ELECTRICAL MECHANICAL
 SIGN PERMIT SWIMMING POOL PERMIT DECK OTHER FOUNDATION ONLY

DESCRIBE THE PROPOSED WORK: _____

ESTIMATED COST OF CONSTRUCTION: _____ PERMIT FEE: _____

WORK WITHOUT PERMIT FEE: _____ BUREAU VERITAS: _____

DCED: _____ RESIDENTIAL PROJECT DEP: _____

COMMERCIAL PROJECT DEP: _____ TOTAL FEE: _____

DESCRIPTION OF BUILDING USE:

RESIDENTIAL

ONE FAMILY DWELLING
 TWO FAMILY DWELLING

NON-RESIDENTIAL

SPECIFIC USE: _____
USE GROUP: _____
CHANGE IN USE: YES NO
IF YES, INDICATE FORMER USE: _____

BUILDING DIMENSIONS:

EXISTING BUILDING AREA: _____ SQ. FT. NUMBER OF STORIES _____

PROPOSED BUILDING AREA: _____ SQ. FT. HEIGHT OF STRUCTURE ABOVE GRADE _____
TOTAL BUILDING AREA: _____ SQ. FT. AREA OF THE LARGEST FLOOR _____

MECHANICAL:

INDICATE TYPE OF HEATING/VENTILATING/AIR CONDITIONING (ELECTRIC/GAS/OIL, ETC.)

BUILDING/SITE CHARACTERISTICS:

NUMBER OF RESIDENTIAL DWELLING UNITS: _____ EXISTING _____ PROPOSED

DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING:

FIREPLACE (S): NUMBER _____ TYPE OF FUEL _____ TYPE VENT _____
ELEVATOR/ESCALATORS/LIFTS/MOVING WALKS: _____ YES _____ NO
SPRINKLER SYSTEM: _____ YES _____ NO
PRESSURE VESSELS: _____ YES _____ NO
REFRIGERATION SYSTEMS: _____ YES _____ NO

FLOODPLAIN:

IS THE SITE LOCATED WITHIN AN IDENTIFIED FLOOD HAZARD AREA? _____ YES _____ NO
WILL ANY PORTION OF THE FLOOD HAZARD AREA BE DEVELOPED? _____ YES _____ NO

OWNER/AGENT SHALL VERIFY THAT ANY PROPOSED CONSTRUCTION AND/OR DEVELOPMENT ACTIVITY COMPLIES WITH THE REQUIREMENTS OF THE NATIONAL FLOOD INSURANCE PROGRAM AND THE PENNSYLVANIA FLOOD PLAIN MANAGEMENT ACT (ACT 166-1978), SPECIFICALLY SECTION 60.3. IN ADDITION, THE CONSTRUCTION SHOULD ALSO COMPLY WITH THE BOROUGH OF TYRONE FLOOD PLAIN REGULATIONS, ORDINANCES # 859, 904, AND 908.

APPLICANT INFORMATION:

THE APPLICANT CERTIFIES THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THE WORK WILL BE COMPLETED IN ACCORDANCE WITH THE "APPROVED" CONSTRUCTION DOCUMENTS AND PA ACT 45 (UNIFORM CONSTRUCTION CODE) AND ADDITIONAL APPROVED BUILDING CODE REQUIREMENTS ADOPTED BY THE MUNICIPALITY. THE PROPERTY OWNER AND APPLICANT ASSUMES THE RESPONSIBILITY OF LOCATING ALL PROPERTY LINES, SETBACK LINES, EASEMENTS, RIGHTS OF WAY, FLOOD AREAS, ETC. ISSUANCE OF A PERMIT AND APPROVAL OF CONSTRUCTION DOCUMENTS SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL, OR SET ASIDE ANY PROVISIONS OF THE CODES OR ORDINANCES OF THE MUNICIPALITY OR ANY OTHER GOVERNING BODY. THE APPLICANT CERTIFIES HE/SHE UNDERSTANDS ALL THE APPLICABLE CODES, ORDINANCES AND REGULATIONS.

APPLICATION FOR A PERMIT SHALL BE MADE BY THE OWNER OR LESSEE OF THE BUILDING OR STRUCTURE, OR AGENT OF EITHER, OR BY THE REGISTERED DESIGN PROFESSIONAL EMPLOYED IN CONNECTION WITH THE PROPOSED WORK.

IF INSPECTIONS OF THE WORK ARE REQUIRED, IT IS THE RESPONSIBILITY OF THE APPLICANT OR THE APPLICANT'S AGENT TO CONTACT THE BUILDING CODE OFFICIAL AT (814) 684-1330 TO SCHEDULE SUCH INSPECTION AT LEAST 24 HOURS IN ADVANCE. THIS NOTICE DOES NOT HOWEVER, ASSURE AN INSPECTION CAN BE SCHEDULED IMMEDIATELY AFTER THIS 24 HOUR PERIOD.

I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER SUCH AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address